



San Francisco Bay Area Regional Emergency Coordination Plan



RECP Medical and Health Subsidiary Plan



Prepared by



Governor's Office of Emergency Services
Cities of Oakland, San Francisco, and San Jose
Counties of Alameda, Contra Costa, Marin, Napa, San Mateo
Santa Clara, Santa Cruz, Solano, and Sonoma



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Table of Contents

Foreword	iii
Acknowledgments	v
Record of Changes	vii
Section 1 – Introduction	1-1
Purpose	1-1
Objectives	1-1
Scope and Applicability	1-2
Authorities, Requirements, and Regulations	1-4
Plan Development and Maintenance	1-6
Section 2 – Planning Assumptions and Considerations	2-1
Section 3 – Roles and Responsibilities	3-1
Operational Area Level	3-1
Regional Level	3-7
State Level	3-9
Federal Level	3-12
Section 4 – Concept of Operations	4-1
Response Plans	4-1
Medical and Health Response Under the Standardized Emergency Management System	4-1
Local and Operational Area Medical Health Response	4-6
Regional Medical Health Support	4-7
State Medical Health Support	4-9
Federal Level Support	4-10
Medical Health Response System Description Summary	4-10
Management of Resources	4-10
Response Management Conference Calls	4-15
REOC Medical Health Branch Coordinator Conference Calls	4-15
Regional Information Management	4-17

Section 5 – Initial Actions by Scenario	5-1
Section 6 – Critical Action Sheets	6-1
Appendix A – List of Acronyms	
Appendix B – Regional Disaster Medical Health Coordinator Notification Advisory Criteria	
Appendix C – REOC Medical Health Branch Director Checklist	
Appendix D – REOC Medical Health Branch Director Conference Call Procedures and Roll Call Sheet	

Foreword

The San Francisco Bay Area is highly vulnerable to both natural hazards and human-caused disasters, such as earthquakes, fires, industrial accidents, and terrorist incidents. Because the Bay Area is home to nearly seven million residents, major components of the U.S. economy, and vital air, sea, and ground transportation links, the effects of a significant disaster in the Bay Area would extend throughout the State of California and across the nation. Given this vulnerability, the State of California and local governments throughout the Bay Area have made significant investments in the planning and resources necessary to respond to natural and human-caused emergencies and disasters. Such events, however, will likely exceed the emergency response capabilities of individual jurisdictions in the Bay Area, and a multijurisdictional regional response will be necessary. Moreover, the nationwide effort to improve preparedness at all levels of government, as embodied in the National Preparedness Goal, emphasizes the importance of regional response. Consequently, the State of California Governor's Office of Emergency Services and its local government partners developed the Bay Area Regional Emergency Coordination Plan to provide a framework for collaboration and coordination during regional events.

The Regional Emergency Coordination Plan (RECP) has been prepared in accordance with national and state emergency management systems and plans — in particular, the National Incident Management System, the Standardized Emergency Management System, the Master Mutual Aid Agreement, the California State Emergency Plan, and relevant mutual aid plans. The Regional Emergency Coordination Plan does not supersede or exclude any of these concepts or plans; rather, it places them in the context of a response to an event in the Bay Area, during which time the Regional Emergency Operations Center is activated.

The Regional Emergency Coordination Plan builds on California's existing Standardized Emergency Management System, through better definition of regional components of that system, including coordination across disciplines and levels of government, resource sharing, and regional decision-making. It also incorporates elements that previously have not been addressed in detail at the regional level under the Standardized Emergency Management System. A suite of documents, the Regional Emergency Coordination Plan comprises a Base Plan and the following nine subsidiary plans that address detailed elements for specific disciplines and operational activities:

- RECP Care and Shelter Subsidiary Plan
- RECP Communications Subsidiary Plan
- RECP Fire and Rescue Subsidiary Plan





- RECP Hazardous Materials Subsidiary Plan
- RECP Law Enforcement and Coroner/Medical Examiner Subsidiary Plan
- RECP Logistics Subsidiary Plan
- RECP Medical and Health Subsidiary Plan
- RECP Recovery Subsidiary Plan
- RECP Transportation Subsidiary Plan.

Development of the Regional Emergency Coordination Plan was a collaborative effort among the Governor’s Office of Emergency Services, Coastal Region; the cities of Oakland, San Francisco, and San Jose; and the Operational Area lead agencies for the ten Bay Area counties, as described in Section 1. Over two hundred other local, regional, state, Federal, and non-governmental organizations also participated in the process to develop the plan and its subsidiary components.

Preparation of the Regional Emergency Coordination Plan was supported by a grant from the U.S. Department of Homeland Security Urban Area Security Initiative. This program provides metropolitan areas with funding for regional planning, equipment, training, and exercises to prepare for critical incident response.

The Governor’s Office of Emergency Services (OES), Coastal Region will maintain the Regional Emergency Coordination Plan and is responsible for all future revisions and modifications. Additional plans and tools that are developed at the regional level, including products using future U.S. Department of Homeland Security grants, will be incorporated into the Regional Emergency Coordination Plan, as appropriate.

A note about a special design element in the suite of documents that comprise the Bay Area Regional Emergency Coordination Plan: the Base Plan and subsidiary plans each has a corresponding icon, which in the electronic version of each document serves as a hyperlink. Clicking on an icon along the right- and left-hand columns on each page will bring the reader directly to that plan.

Acknowledgments

The RECP Medical and Health Subsidiary Plan is a product of the collaborative efforts of the following entities:

- Alameda County Department of Public Health
- Alameda County Emergency Medical Services
- Alameda County Health Care Services Agency
- Alameda County Medical Center
- Alta Bates Summit Hospital
- American Medical Response
- Association of Bay Area Health Officers
- California Association of Health Facilities
- California Emergency Medical Services Authority
- California Office of Public Health Emergency Preparedness
- Coastal Valleys Emergency Medical Services
- Contra Costa County Emergency Medical Services
- Contra Costa County Health Services
- Cornell Hospital
- Federal Emergency Management Agency, Region IX
- Governor's Office of Emergency Services, Coastal Region
- Hospital Council of Northern/Central California
- Hospital Council, East Bay Section
- Kaiser Permanente, HCM
- Marin County Emergency Medical Services
- Marin County Health and Human Services
- Napa County Department of Public Health
- Napa County Health and Human Services
- Oakland Children's Hospital
- Oakland Fire Department, Emergency Medical Services
- O'Connor Hospital
- San Francisco Department of Emergency Management
- San Francisco Department of Public Health
- San Francisco Emergency Medical Services Agency





- San Jose Fire Department
- San Mateo County Department of Public Health
- San Mateo County Emergency Medical Services Agency
- Santa Clara County Department of Public Health
- Santa Clara County Emergency Medical Services Agency
- Santa Clara County Office of Emergency Services
- Santa Clara Valley Medical Authority
- Santa Cruz County Health Services Agency
- Santa Cruz Health Services Agency
- Solano County Emergency Medical Services
- Sonoma County Emergency Medical Services Agency
- Sonoma County Department of Public Health
- Stanford University Medical Center
- University of California, Berkeley, School of Public Health
- University of California, San Francisco
- U.S. Department of Health and Human Services
- ValleyCare Health System.

SYA Group, under subcontract to URS Corporation, prepared the RECP Medical and Health Subsidiary Plan, with consultant support from Mr. Terry Gitlin and stakeholder management support from CirclePoint.

Record of Changes

Date	Agency	Comments
March 2008	OES Coastal Region	Final



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Section 1 | RECP Medical and Health Subsidiary Plan Introduction



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Section 1 – Introduction

PURPOSE

The Regional Emergency Coordination Plan (RECP) provides an all hazards framework for collaboration among responsible entities and coordination during emergencies in the San Francisco Bay Area. The RECP Medical and Health Subsidiary Plan provides a framework for coordination among the Governor's Office of Emergency Services (OES) Regional Emergency Operations Center (REOC), the sixteen Operational Areas (counties) within OES Coastal Region,¹ and the State Operations Center (SOC) Medical Health Branch. The Plan also describes how the REOC Medical and Health Branch, the Regional Disaster Medical Health Coordinator (RDMHC), and the Regional Disaster Medical Health Specialist (RDMHS) coordinate information and medical and health resources through the Medical Health Mutual Aid System.

The RECP does not replace existing emergency response systems. Rather, it builds on the Standardized Emergency Management System (SEMS) and the California State Emergency Plan to provide methods for cooperation among Operational Areas and OES Coastal Region. The RECP complies with the requirements of the National Incident Management System (NIMS), and is consistent with the National Preparedness Goal.

OBJECTIVES

The RECP in general, and the RECP Medical and Health Subsidiary Plan in particular, define the:

- Role of OES Coastal Region and the REOC in responding to a regional emergency or disaster
- Operational priorities that govern a regional response
- Roles, responsibilities, and authority of response organizations for regional decision-making and the circumstances during which regional decision-making is required
- Processes for requesting resources and allocating limited resources during a regional emergency or disaster
- Manner in which the Medical Health Mutual Aid System functions within the region, and with other systems, for requesting resources during a regional emergency or disaster
- Processes for sharing information among the Operational Area Emergency Operations Centers (EOCs); the REOC; state-level coordinating centers, including the SOC and the Joint Emergency Operations Center (JEOC) operated by the California Department of Public Health (CDPH) and the

¹ OES Coastal Region is an administrative region under OES that incorporates, and is responsible for, sixteen counties in and around the San Francisco Bay Area.





California Emergency Medical Services Authority (EMSA); and other state, Federal, and regional entities during response to a regional emergency or disaster.

The goal of the REOC Medical Health Branch is to support emergency response entities mobilized by city, county, and private-sector medical health agencies, including public health departments, hospitals, and emergency medical services.

SCOPE AND APPLICABILITY

General Applicability

The RECP Medical and Health Subsidiary Plan was developed based on the concepts and methods of existing state emergency plans, medical and health response plans, and the Incident Command System.

The RECP does not supersede or exclude any existing plans; rather, it places relevant plans in the context of a response to an incident within the region, during which time the REOC is activated. More specifically, it does not address, or supersede, local procedures for:

- Tactical operations and Incident Command
- Local response activities
- Established mutual aid relationships and procedures at the local level.

Furthermore, this plan is not tactical; rather, the plan focuses on regional support and coordination for medical and health operations.

Geographic Extent

The RECP was developed for OES Coastal Region, which encompasses the following sixteen counties as illustrated in Figure 1. Ten of these counties (marked with *) supported the development of the RECP through collaboration with OES Coastal Region and the three Bay Area Urban Area Security Initiative cities (Oakland, San Francisco, and San Jose).

- | | |
|-----------------|------------------|
| • Alameda* | • Napa* |
| • Contra Costa* | • San Benito |
| • Del Norte | • San Francisco* |
| • Humboldt | • San Mateo* |
| • Lake | • Santa Clara* |
| • Marin* | • Santa Cruz* |
| • Mendocino | • Solano* |
| • Monterey | • Sonoma* |

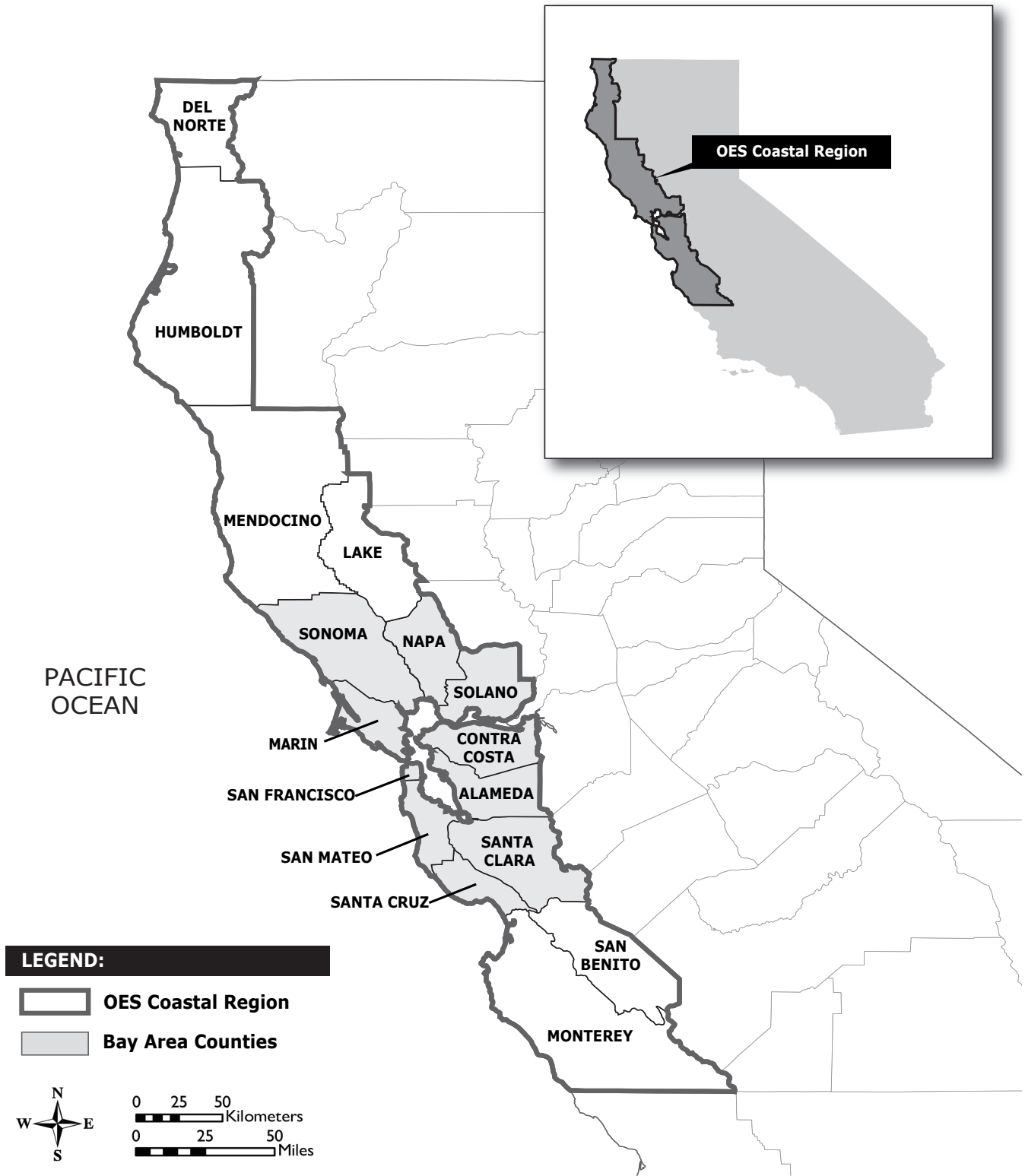


Figure 1
OES Coastal Region and Bay Area Counties



The RECP Medical and Health Subsidiary Plan applies to Medical Health Mutual Aid Region II, which encompasses medical and health response agencies for the aforementioned sixteen counties.

The RECP Medical and Health Subsidiary Plan also details the actions that primary agencies and staff at various medical and health facilities take during an emergency response. Such agencies and staff include:

- County (or city) public health and health officers
- County Emergency Medical Services (EMS) and EMS medical directors and agency directors/administrators
- Public and private pre-hospital medical care providers, including ambulance services
- Public and private hospitals and medical centers
- Other health care providers, including skilled nursing facilities, clinics, surgery centers, and assisted living centers
- Medical Health Operational Area Coordinators (MHOACs)
- The RDMHC and RDMHS.

AUTHORITIES, REQUIREMENTS, AND REGULATIONS

The RECP Base Plan provides generally applicable authorities, requirements and regulations for the RECP, including the RECP Medical and Health Subsidiary Plan. Authorities, requirements, and regulations that apply specifically to the RECP Medical and Health Subsidiary Plan are as follows.

Medical Response and Health Officer Authorities

- California Health and Safety Code, Sections 101030, 101080, 101085, 120145, 120210, 120210 (b), 101040, 120175, 120230, 120205, 120140, 100180, 120190, 120195, 120200, 120185, 120130, and 102275.
- California Emergency Services Act, Section 8634.
- California Health and Safety Code, Sections 1797 to 1799, including Section 1797.152 regarding the RDMHC.
- California Code of Regulations, Title 22.
- California Code of Regulations, Title 17, Sections 2215, 2501, 2502, and 2520.
- California Food and Agriculture Code, Sections 5763, 5301, and 9698.
- California Government Code, Section 202.
- California Penal Code, Sections 405, 409, and 409.5(c).
- California Constitution, patient's constitutional rights.

Federal Authorities

- Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act), 42 United States Code (U.S.C.) and 5121 et seq., Section 5129.
- Title 42, U.S.C., Section 266, 249.
- Title 42, Code of Federal Regulations, Section 70.2.
- Federal Torts Claims Act, Title 28, U.S.C., Section 2680(f).

State and Local Plans and Guidelines

Applicable state plans include the following:

- California Disaster Medical Response Plan, including the California Medical Mutual Aid Plan (EMSA), 2007
- California Disaster Medical Operations Manual, EMSA, draft January 2008
- Coroner's Mutual Aid Plan, OES, 2006
- Disaster Medical Systems Guidelines, EMSA, 2003
- Fire Service and Rescue Emergency Mutual Aid Plan, OES, 2002
- Mass Fatality Management Guide, OES, 2007
- Standards and Guidelines for Healthcare Surge During Emergencies, CDPH, 2008.

Significant collaborative planning efforts by state medical and health agencies, and local public health departments, local emergency medical services agencies (LEMSAs), hospitals, and other public and private agencies throughout the San Francisco Bay Area form the basis for the RECP Medical and Health Subsidiary Plan. Applicable medical and health response plans in California and the Bay Area include:

- Ambulance Strike Team Guidelines (2003)
- Mission Support Team Operations Manual (2008 draft)
- Region II Disaster Medical Health Coordinator Emergency Plan (1996)
- Multi-casualty incidents
- Mass casualty care
- Field treatment
- Hospital disaster response and alternate care sites
- Pandemic influenza
- Strategic National Stockpile receiving, storing, and staging
- Mass prophylaxis dispensing





- Quarantine and isolation
- Chempack regional distribution
- Laboratory testing and training
- Metropolitan Medical Response System (MMRS).

PLAN DEVELOPMENT AND MAINTENANCE

OES Coastal Region is responsible for the maintenance, revision, and distribution of the RECP and its subsidiary plans. In coordination with the Mutual Aid Regional Advisory Committee, OES Coastal Region will assess the need for revisions annually. Refer to the RECP Base Plan for further details regarding plan development and maintenance.



Section 2 | RECP Medical and Health Subsidiary Plan Planning Assumptions and Considerations



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Section 2 – Planning Assumptions and Considerations

The RECP Medical and Health Subsidiary Plan is based on the following development and implementation assumptions:

- During a large-scale incident within the region, the response capabilities of individual jurisdictions likely will be exceeded and resources from both within and outside of the region will be required
- Jurisdictions in the region will reasonably exhaust local resources before calling for outside assistance, and will render the maximum practicable assistance to stricken communities under provisions of the Master Mutual Aid Agreement
- Analysis of regional and statewide threat scenarios indicates that significant numbers of individuals with medical or health needs will require assistance following a large-scale incident
- City and county plans have been developed in accordance with state guidance to prioritize local response activities, such as isolation and quarantine, disease investigation, field treatment sites, casualty collection points, and mass prophylaxis
- Each county has an appointed MHOAC who coordinates and prioritizes resources available within, or provided to, the Operational Areas in accordance with the Medical Health Mutual Aid System
- Delivery of certain pre-positioned state and Federal supply caches, such as material from the Strategic National Stockpile or mobile field hospitals, may be expected within pre-determined timeframes when resource-requesting procedures are followed
- During an emergency with regional or statewide impacts, the availability of hospital supplies will be limited due to typical “just in time” ordering and storage practices.
- Hospital response will be greatly affected by patient surge.





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Section 3 | RECP Medical and Health Subsidiary Plan Roles and Responsibilities



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Section 3 – Roles and Responsibilities

This section of the RECP Medical and Health Subsidiary Plan outlines the roles and responsibilities of Operational Area, regional, state, and Federal agencies, and personnel involved in medical and health response activities during a regional emergency or disaster.

OPERATIONAL AREA LEVEL

County Public Health Departments

Most county public health departments are county-level agencies responsible for providing services to all cities within a county and to populations in unincorporated areas. In the OES Coastal Region, the exceptions are the City of Berkeley Public Health Department, which is independent of the County of Alameda Health Services Agency; and the City and County of San Francisco Department of Public Health.

County public health departments are responsible for:

- Coordination with Operational Area EOCs
- Epidemiological investigation and disease control in the general or specific populations
- Long-term health surveillance for communicable disease and disease secondary to an incident involving bioterrorism
- Laboratory testing and referral for confirmation through the Laboratory Response Network
- Dispensing and administration of mass prophylaxis antibiotics and vaccines
- Coordination with hospitals
- Activation of alternate care sites in coordination with LEMSAs and hospitals
- Isolation and quarantine activities
- Implementing social distancing measures
- Decisions to protect the general population, such as whether to evacuate or shelter in-place, and regarding first responders sent to an incident that might have involved the use of harmful biological incidents
- Health alerts, warnings, and the dissemination of information to the public and health care providers
- Coordination with LEMSA and hospitals regarding treatment protocols for unusual agents or events
- Coordination with the medical examiner/coroner for burial permits and safe handling of the deceased following exposure to hazardous materials
- Assurance of food safety





- Management of exposure to hazardous materials
- Coordination of mental health services
- Vector control
- Drinking water safety.

County Public Health Officers

County public health officers are the authority designated within a county to take actions necessary to protect the public health, and are responsible for the enforcement of public health laws and regulations. County public health officers:

- Coordinate investigations of and communicate information about the outbreak of disease
- Through the Laboratory Response Network, coordinate the process to identify and communicate information about disease agents
- Determine which disease control measures, including priority prophylaxis, mass prophylaxis, and isolation or quarantine, will be activated
- Ensure consistency in the orders of health officer and instructions to the public
- Determine and communicate medical treatment protocols and level of care
- Ensure safe management of liquid, solid, and hazardous waste
- Oversee environmental health response, which may be the responsibility of a department that reports to the health officer when SEMS is activated, but usually functions separately from public health
- Communicate with the CDPH, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), and other Federal laboratories and agencies.

Local Emergency Services Agencies

The California Health and Safety Code requires a statewide emergency medical services system, organized at the county level. As the independent agencies responsible for local system leadership, LEMSAs plan and implement the emergency medical services system; authorize pre-hospital personnel; approve pre-hospital training programs; coordinate medical disaster response; and develop trauma care systems. LEMSAs are designated by county boards of supervisors and may be part of a health department or other county department, independent county agencies, or multicounty agencies. In the Bay Area, all LEMSAs are part of county health departments, except for the multicounty Coastal Valley EMS Agency (which includes Napa, Mendocino, and Sonoma counties) and the Solano County EMS Cooperative.

LEMSAs direct all medical action toward stabilizing and mitigating an emergency. LEMSAs are responsible for:

- Coordinating with in-patient and emergency care providers
- On scene triage, treatment, and stabilization
- Activating field treatment sites
- Transporting and tracking patients transported through EMS
- Assigning patients to available hospital services
- Surge implementation throughout the medical system
- Providing EMS staff to support the Operational Area EOC Medical Health Branch
- Implementing the Operational Area Disaster Medical Health Plan and surge capacity plans, including assessments of immediate medical needs.

LEMSAs may also assist with:

- Evacuation of in-patient medical facilities
- Coordinating the establishment of alternate care sites
- Developing and implementing care protocols for unusual agents or events
- Transporting patients that must be quarantined or isolated
- Emergency support of mass dispensing sites, evacuation shelters, and quarantine centers
- Provision of specific antidote treatments in contaminated areas by specially trained and equipped EMS personnel
- Coordination of other disaster and medical health resources.

Medical Health Operational Area Health Coordinator

Each Operational Area has a MHOAC² who serves as a 24-hour, seven day a week, single point of contact for disaster medical and health operations. The MHOAC:

- Assists the Operational Area Coordinator with the coordination of medical and health resources within the Operational Area
- Evaluates the availability of resources within the Operational Area and identifies medical health resource requirements as the status of an incident changes
- Coordinates the dispatch of requested resources available within the Operational Area
- Reports to the RDMHC on the situation and resource status of the Operational Area

² The county public health officer or the LEMSA administrator (or designee) is usually assigned the position of MHOAC.





- Serves as the point of contact in the Operational Area for coordination with the RDMHC, the REOC, and the CDPH and EMSA at the JEOC
- Assesses hospital and patient transportation status, resource requests, and resource availability information
- Coordinates medical and health mutual aid requests within the Operational Area
- Prioritizes available resources within the Operational Area in accordance with the Incident Action Plan, and assists with the prioritization and assignment of incoming resources and identifies shortfalls
- Requests mutual aid resources from the RDMHC to fulfill requests initiated by local jurisdictions in the Operational Area and to reinforce depleted resources in the Operational Area.

If the MHOAC is not assigned from the county public health department, the MHOAC must coordinate with the county public health officer during biological and disease incidents to ensure consistent messaging, and health resource management.

County Department Operations Centers

In addition to staffing the Operational Area EOC Medical Health Branch, the LEMSA or county health department may establish a Medical Health Department Operations Center to manage local medical and health response in conjunction with Operational Area activities. The responsibilities and function of the Department Operations Center are described in the LEMSA or county public health department emergency operations plan. If activated, the Department Operations Center for a county medical or public health department manages the following activities in coordination with the Operational Area EOC Medical Health Branch Coordinator and the MHOAC:

- Provides overall coordination of incident response and medical and health resources within the Operational Area
- Coordinates the operations of teams investigating disease outbreaks, and reporting
- Coordinates mass dispensing operations
- Coordinates isolation and quarantine operations
- Coordinates the allocation of medical and health resources within the Operational Area
- Receives reports from hospitals, medical transport agencies, clinics, and skilled nursing facilities about bed capacity and functional status, and determines strategies to manage shortfalls

- Notifies health care providers and hospitals of treatment protocols, surveillance, case definitions, and disease reporting guidelines
- Assists the health officer with the preparation of health officer orders, health alerts, and other public information.

Hospitals and Medical Centers

The ten-county Bay Area includes eighty-five to ninety hospitals,³ including public, private non-profit, and private for-profit organizations. Hospital and out-of-hospital provider capacity in the region includes acute care facilities, trauma centers, teaching/research medical centers, community hospitals, surgical centers, clinics, pediatric centers, and skilled nursing facilities.

The following public hospitals, which are owned and operated by county governments, operate in the Bay Area:

- Alameda County Medical Center
- Contra Costa Regional Medical Center
- San Francisco General Hospital
- Chinese Hospital San Francisco
- San Mateo Medical Center
- Santa Clara Valley Medical Center.

The following major health care corporate systems operate hospitals in the Bay Area:

- Kaiser Permanente (headquartered in Oakland)
- Sutter Health (headquartered in Sacramento)
- Tenant HealthCare (headquartered in Santa Ana)
- Catholic Healthcare West (headquartered in San Francisco)
- Daughters of Charity Health System (headquartered in Los Altos)
- Kindred Healthcare (headquartered in Louisville, Kentucky)
- Adventist Health (headquartered in St. Helena)
- Sisters of St. Joseph of Orange (headquartered in Napa and Sonoma).

In addition, the U.S. Department of Veterans Affairs operates the following medical centers in the region:

- San Francisco Veterans Affairs Medical Center
- Veterans Affairs Palo Alto Health Care System

³ The number of hospitals in the Bay Area is approximate because different organizations and agencies report varying numbers, depending on geographic boundaries of the information.





- Martinez Veterans Affairs Outpatient Clinic and Center for Rehabilitation and Extended Care.

County hospitals and medical centers are responsible for:

- Activating individual disaster plans, including planning for the transfer or evacuation of patients to similar facilities; spontaneous volunteers; and staff credentialing
- Establishing extended emergency department capacity at or near the facility
- Providing medical surge capacity
- Providing patient tracking within the hospital and during patient forwarding activities
- Establishing decontamination corridors for spontaneous arrivals
- Providing situation status reports
- Coordinating with other providers and public health departments regarding treatment protocols for unusual incidents or agents
- Maintaining hospital infrastructure utilities for sustained function during emergencies
- Establishing alternate care sites with CDPH and other stakeholders and providing support for staffing, transportation, and other requirements
- Performing disease surveillance and reporting.

Other Health Care Providers

Public and private clinics, surgery centers, urgent care centers, pediatric centers, skilled nursing facilities, and assisted living centers are responsible for:

- Maintaining disaster plans and reciprocal agreements with similar facilities
- Reporting on the incidence of disease
- Reporting on status
- Possible assistance with the treatment of casualties, prophylaxis, and isolation or quarantine.

Metropolitan Medical Response System

There are four MMRS cities in the Bay Area — Fremont, Oakland, San Francisco, and San Jose. Each city maintains an MMRS Response Plan that details activation, command, and control procedures of the MMRS in their respective areas.

During incidents involving weapons of mass destruction, including chemical, biological, nuclear, radiological, and explosive (CBRNE) devices, MMRS is responsible for:

- Providing medical management or medical assistance in support of an emergency response
- Providing technical assistance with the identification of CBRNE agents and coordinating the continuity of medical care
- Supporting coordination with designated regional, state, and Federal CBRNE incident response assets.

REGIONAL LEVEL

Regional Disaster Medical Health Coordinator

At the regional level⁴, the RDMHC⁵ is charged with coordinating medical and health resources at the direction of the state. The RDMHC, supported by the RDMHS:

- Develops plans for the provision of medical or public health mutual aid among the counties within the region
- Coordinates with the MHOACs from the affected Operational Areas to manage sharing of mutual aid resources
- Coordinates medical mutual aid operations with the REOC
- Manages and communicates information about the availability of medical resources
- For disasters outside the region, coordinates the acquisition of requested medical, public, and environmental health resources from Operational Areas within the region to send to the affected region.

If the RDMHC is located in an Operational Area that is affected by the emergency or disaster, the RDMHC's duties can be assumed by the REOC Medical Health Branch. The ultimate backup for the RDMHC are the state agencies EMSA and the CDPH.

Regional Disaster Medical Health Specialist

The RDMHS is established under the general direction of EMSA and the CDPH and in coordination with the RDMHC. The RDMHS is an employee of a LEMSA, or other agency, who is obligated by contract with the state to perform certain disaster-related medical and health functions within a given mutual aid region.

⁴ For purposes of managing mutual aid systems, California is divided into mutual aid regions. As described in Section 1, the 10-county Bay Area lies in Mutual Aid Region II. In general, the discussion of regional positions in this section is applicable to all mutual aid regions.

⁵ The EMSA Director and CDPH Director jointly appoint a RDMHC for each mutual aid region. The RDMHC is a county health officer, a county coordinator of emergency services, administrator of a LEMSA, or medical director of a LEMSA.





The RDMHS, in support of the RDMHC:

- Coordinates and enhances the region's medical and health mutual aid and mutual cooperation systems
- Acts as a liaison between the RDMHC and EMSA, the CDPH, the REOC, and the region's Operational Areas
- Assists with locating, mobilizing, and deploying medical and health mutual aid resources within the region for incidents within the region; or in support of mutual aid requests from other regions in which an emergency or disaster has occurred
- Supports the development of the Operational Area medical and health response system
- Supports state medical and health emergency management within an affected region during an emergency.

The RDMHS is a representative of the state in the development of a coordinated regional medical and health response system. As such, the RDMHS works with the RDMHC and receives policy guidance and direction from the RDMHC concerning regional issues. As a regional representative of the state, the RDMHS also receives policy guidance and direction from EMSA and the CDPH.

Currently, the functions of the RDMHC, an unfunded position, and the RDMHS, a contractually funded position, are complementary but not parallel. While the positions are designed to exist within each mutual aid region, they are not mandated and there are no formal or standardized backups for the positions.

REOC Medical Health Branch

OES coordinates the regional level response to emergencies and disasters through the REOC. (Refer to the RECP Base Plan for a detailed description of the REOC's responsibilities.) The REOC Medical Health Branch:

- Acquires, prioritizes, and allocates medical and health resources
- Coordinates non-medical and health resources with other branches in the REOC
- Optimizes medical and health response across the region
- Provides the coordination necessary for consistency in medical care and public health disease control measures.

Sections 5 and 6 of the RECP Medical and Health Subsidiary Plan contain checklists that describe initial actions and critical action sheets that guide coordination among medical and health response and other disciplines, and offer considerations for optimizing a response to any emergency.

STATE LEVEL

State Operations Center Medical Health Branch

OES is responsible for coordinating the state's response to emergencies and disasters. OES coordinates the state-level response at the SOC. (Refer to the RECP Base Plan for a detailed discussion of the SOC's responsibilities.) The SOC Medical Health Branch:

- Ensures consistent statewide medical and health messaging
- Responds to medical and health resource requests sent to the SOC
- Refers resource requests to the JEOC or to other state agencies for disposition, as appropriate
- Pursues resources for medical and health resources through the Emergency Management Assistance Compact, if appropriate
- In the event of a Presidentially declared emergency or disaster, coordinates requests for Federal resources with Emergency Support Function (ESF) #8 – Public Health and Medical Services.

Joint Emergency Operations Center

Under a Memorandum of Understanding between CDPH and EMSA, CDPH maintains the JEOC, which serves as the state medical and health operations center during a disaster. In emergencies and disasters with both medical and public health consequences, EMSA and CDPH co-locate and jointly manage the JEOC. The JEOC, in coordination with the SOC Medical Health Branch:

- Provides state policy and program direction
- Locates, acquires, and arranges for delivery of state-owned and controlled disaster medical and health supplies, equipment, and personnel
- Assists with the coordination of resources from unaffected areas of the state.

In compliance with SEMS, all requests for resources must go through the REOC and the SOC to be eligible for possible reimbursement of emergency response costs. The JEOC supports the SOC in these activities.

Emergency Medical Services Authority

EMSA is the lead state agency for disaster medical response. EMSA also supports the CDPH response to public and environmental health emergencies. As described in the California Medical Mutual Aid Plan, EMSA:

- Maintains the California Medical Mutual Aid Plan for coordinating statewide emergency medical resources





- Maintains the California Disaster Medical Response for the use and dispatch of EMSA-employed or coordinated personnel, apparatus, and other medical resources, as necessary
- With CDPH, organizes, staffs, and equips the SOC, the JEOC, and alternate facilities necessary to ensure effective statewide coordination and control of mutual aid medical operations
- Monitors ongoing emergency situations, anticipates needs, and prepares for use of inter-regional medical mutual aid resources, establishing priorities, and authorizing dispatch
- Monitors and coordinates backup emergency medical coverage between regions when there is a shortage of resources
- Coordinates disaster medical mutual aid operations throughout the state
- Assists with coordinating the application and use of other state agency resources.

EMSA may coordinate the deployment of:

- California Disaster Medical Assistance Teams (CAL-MATs)
- Mission Support Teams
- California Medical Volunteers
- Medical Reserve Corps
- Ambulance Strike Teams
- Mobile field hospitals.

Refer to the California Disaster Medical Response Plan for details regarding these resources.

California Department of Public Health

The CDPH is the lead state agency for public health surveillance and response to public and environmental health emergencies, including incidents or threats involving bioterrorism. The CDPH advises all local health authorities, and is required to control and regulate the actions of Operational Area health officers when, in its judgment, the public health is jeopardized. However, the primary responsibility for the response to an outbreak of disease rests with public health officers. Public health officers must, nonetheless, respond to any request from the CDPH for reported information, and must also report a local epidemic to the agency. The CDPH has the power to govern the actions of public health officers through its orders, rules, and regulations, and to require them to enforce all CDPH orders, rules, and regulations, which generally set minimum measures. Public health officers may take more stringent measures where circumstances require.⁶

⁶ Excerpted from the *Health Officer Practice Guide for Communicable Disease in California* (December 14, 2005).

The CDPH Licensing and Certification Division ensures that health facilities are in compliance with licensing and operating regulations.

In an emergency or disaster with both public health and medical requirements, EMSA and CDPH coordinate the acquisition and application of medical and health mutual aid resources. EMSA and the CDPH share responsibility for staffing of the medical health branches of the SOC, the REOC, and the JEOC.

Laboratory Response Network

A network of laboratories in California supports the public health system. The state's laboratory at Richmond, which the CDPH manages, provides services for communicable diseases, genetic diseases, environmental health, vector control, and sanitation radiation. The state laboratory is a component of the Laboratory Response Network – a national network of local, state, and Federal public health, food testing, veterinary diagnostic, and environmental testing laboratories that provide the infrastructure and capacity to respond to biological and chemical terrorism and other public health emergencies. The Laboratory Response Network, which the CDC manages, comprises more than 150 laboratories affiliated with Federal agencies, military installations, international partners, and state and local public health departments. There are thirty-seven county public health laboratories in California; of these facilities, fourteen are Laboratory Response Network reference laboratories.

Each local public health department in the Bay Area, as well as many hospitals and medical centers, operates a Level A (or “sentinel”) laboratory. Sentinel laboratories may perform initial isolation of a communicable or bio-terror microbiological agent and transport the sample to a reference laboratory in the area.

Level B laboratories (or “reference” laboratories) have reagents and equipment to verify suspected bio-terror agents, and can ship specimens to advanced capacity laboratories, such as a Level C laboratory. Reference laboratories in the Bay Area include the Santa Clara Public Health Department Laboratory and the Sonoma County Public Health Department Laboratory.

A Level C laboratory performs rapid identification of microbiological agents. The state's laboratory at Richmond is both a Level B and Level C laboratory.

Medical Professional Resources

California's system of medical and health response is supported by professionals obtained through the following mechanisms.

- **Medical Reserve Corps.** The Medical Reserve Corps program is a component of the Citizens Corps national network. EMSA coordinates the Medical Reserve Corps program. As of





March 2008, there are thirty-seven Medical Reserve Corps organizations in California, thirteen of which are located in the ten-county Bay Area.⁷

- California Medical Volunteers. The California Medical Volunteers program is an emergency personnel management system developed by EMSA to enroll California medical care personnel with active unrestricted licenses, as well as non-medical administrative and logistics personnel, as volunteers for disaster service. The system validates enrollee licenses and credentials prior to an emergency and provides a mechanism for contacting and mobilizing needed personnel.

Refer to the California Disaster Medical Response Plan for more information on these resources.

These volunteers may support:

- Hospitals, medical centers, and clinics to replace or augment staff
- Disaster medicine, casualty care, field treatment sites, and shelters
- Prophylaxis dispensing and pre-screening
- Isolation or quarantine medical support visits
- Investigations of the outbreak of disease.

FEDERAL LEVEL

When the resources of a state are exceeded by an incident, the President of the United States may declare an emergency or disaster in accordance with the Stafford Act. Under a Presidential declaration of emergency or disaster, the Federal Government provides financial resources and direct Federal assistance in response to requests from the state. The Federal Emergency Management Agency (FEMA) coordinates the response to state requests for assistance. In accordance with the National Response Framework, the Federal Government organizes its resources according to ESFs, each of which is led by a Federal agency. (For further details on the role of Federal agencies in emergencies and disasters, refer to the RECP Base Plan.)

Emergency Support Function # 8 – Public Health and Medical Services

ESF # 8 provides the mechanism for coordinated Federal assistance to supplement state, tribal, and local resources in response to a public health and medical disaster; potential or actual incidents requiring a coordinated Federal response; and during a developing potential health and medical emergency. The U.S. Department of Health and Human Services is the coordinating agency for ESF # 8, principally through the

⁷ Up-to-date information regarding the Medical Reserve Corps can be obtained at www.medicalreservecorps.gov.

Assistant Secretary for Preparedness and Response, and is the primary agency for the provision of resources. Other Federal agencies, such as the U.S. Department of Defense and the Veterans Administration, also may provide resources and support.

Specific resources available through ESF #8 include:

- Assessment of public medical, health, and behavioral needs
- Health surveillance
- Medical care personnel through Disaster Medical Assistance Teams (DMATs) and the Public Health Service Commissioned Corps
- Medical and health equipment and supplies (such as the Strategic National Stockpile, diagnostic equipment, and restocking of supplies)
- Patient evacuation and forward movement of patients through the National Disaster Medical System
- Patient tracking through the National Disaster Medical System
- Patient care
- Safety and security of human and veterinary drugs, biologics, and medical devices
- Distribution of mass prophylaxis
- Blood and blood products
- Food safety and security
- Agriculture safety and security
- Worker health and safety
- All-hazard public medical and health consultation, technical assistance, and support
- Assessment of exposure (including exposure to humans, animals, the environment, and agriculture)
- Behavioral health care
- Public medical and health information
- Vector control
- Potable water/wastewater and disposal of solid waste
- Enforcement of international quarantines
- Management of mass fatalities, identification of victims, and decontamination of remains, including deployment of Disaster Mortuary Operational Response Teams
- Veterinary medical support.





The U.S. Department of Health and Human Services coordinates the following major resources.

- **National Disaster Medical System.** The National Disaster Medical System supplements state and local emergency medical response during a disaster or major emergency. The National Disaster Medical System is managed by ESF #8. The major components of the system are medical response, patient evacuation, and definitive medical care. The U.S. Department of Health and Human Services activates and deploys National Disaster Medical System health and medical personnel, equipment and supplies, outpatient services, veterinary services, and mortuary services. The U.S. Department of Health and Human Services coordinates with the Veterans Administration and the U.S. Department of Defense to evacuate patients from hospitals in affected areas and admit them in hospitals that participate in the National Disaster Medical System. The U.S. Department of Homeland Security, through ESF # 1 – Transportation, may arrange for the use of Federal agency aircraft and other assets to provide urgent care lift and other transportation support.
- **Disaster Medical Assistance Teams.** A component of National Disaster Medical System, DMATs are a national network of response teams comprised of volunteers from the medical, health, and mental health care professions. DMATs provide austere medical care in a disaster area and receive initial equipment and supplies from the Federal Government. There are six DMATs located in California, one of which, CA-6, is located in the Bay Area, and is supported by the counties of Alameda, Contra Costa, Marin, San Francisco, and San Mateo.
- **Strategic National Stockpile.** The Strategic National Stockpile is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, intravenous supplies, airway maintenance supplies, and medical and surgical items. The Strategic National Stockpile is designed to supplement and re-supply state and local public health agencies during any national emergency within the United States or its territories.

The Strategic National Stockpile is organized for flexible response. The first line of support is provided by immediate response 12-hour push packages, which are caches of pharmaceuticals, antidotes, and medical supplies designed to provide rapid delivery of a broad spectrum of assets for an ill-defined threat in the early hours of an incident. Push packages are positioned in strategically located, secure warehouses ready for immediate deployment to a designated site within 12 hours of the Federal decision to deploy Strategic National Stockpile assets.

If an incident requires additional pharmaceuticals or medical supplies, follow-on vendor-managed inventory supplies are shipped to arrive within 24 to 36 hours. If the agent is well defined, vendor-managed inventory can be tailored to provide pharmaceuticals, supplies, or products specific to the suspected or confirmed agent(s). In such cases, the vendor-managed inventory could act as the first option for immediate response from Strategic National Stockpile Program.



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Section 4 | RECP Medical and Health Subsidiary Plan Concept of Operations



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Section 4 – Concept of Operations

This section of the RECP Medical and Health Subsidiary Plan describes how local jurisdictions, Operational Areas, the region, and the state, Federal, and non-governmental entities relate to one another in terms of health and medical authority and coordination. This section also describes the function of the REOC as the coordination point at which resource requests among the affected Operational Area(s), other Operational Areas, and the SOC are executed.

RESPONSE PLANS

As described in Section 1, local response to medical and health elements of emergencies and disasters is based on local plans for multicasualty incidents, hospital disaster response, mass prophylaxis dispensing, and other functions; as well as on local department operations plans and local and Operational Area emergency operations plans. In addition, EMSA has prepared a California Disaster Medical Response Plan, including the California Medical Mutual Aid Plan, and the California Disaster Medical Operations Manual, to guide state and local medical response efforts. The RECP Medical and Health Subsidiary Plan, as implemented by the REOC and the RDMHC, supports local response in accordance with these plans to optimize the use of resources across the region.

MEDICAL AND HEALTH RESPONSE UNDER THE STANDARDIZED EMERGENCY MANAGEMENT SYSTEM

Medical Health Mutual Aid System

As with fire and rescue, law enforcement, and coroner/medical examiner resources, California operates a statewide system of mutual aid for medical and health resources. This system operates under the California Master Mutual Aid Agreement, and supplements cooperative agreements, contracts, and other mechanisms employed by LEMSAs, public health departments, hospitals, and other entities to augment emergency and disaster medical resources.

EMSA and the CDPH coordinate the Medical Health Mutual Aid System through the MHOACs and the RDMHC and RDMHS in each region, whose responsibilities are described in Section 3. Medical and health mutual aid is initially requested at the local level, usually from the scene, in concert with each Operational Area's Multi-Casualty Incident Plan. Mechanisms may be in multicasualty incident plans for county-to-county response. In a local multicasualty incident, it may not be necessary for the MHOAC to be involved. However, when pre-existing arrangements outlined in an Operational Area's Multi-Casualty Incident Plan are not enough, the MHOAC may become involved in the acquisition of resources from other Operational Areas.





Under SEMS, if the Operational Area is unable to provide the necessary requested assistance, it will request assistance from the regional level. With regard to medical and health resources, the MHOAC will contact the RDMHC for the mutual aid region to obtain support. If resources are not available from other Operational Areas within the mutual aid region, the RDMHC will forward the request to the state. The state will seek the requested resources from:

- Other state agencies
- Mutual aid from unaffected areas of the state
- Other states, through the Emergency Management Assistance Compact, or other mechanisms
- The Federal Government.

Figure 2 summarizes this process.

As described in Annex A of the California Disaster Medical Response Plan, available resources may include the following.

- Local medical and health resources available through automatic or day-to-day mutual aid agreements with neighboring jurisdictions. Local mobilization plans, which are activated by requests to participating agencies, must provide for notification of the MHOAC upon activation. The MHOAC must know about resources that are committed under local plans when determining resource availability for subsequent response.
- Private sector medical and health resources include physicians, nurses, emergency medical technicians, and other licensed medical personnel; hospitals, community clinics, and other health facilities; ground and air ambulances; and fixed-wing aircraft for long-range evacuation. These resources can be permanent elements of the local EMS and health care system, or resources that are formed only during disasters, such as mobile field hospitals, Medical Response Teams, and Ambulance Strike Teams.
- Operational Area medical and health resources are made available through the approved and adopted Operational Area Disaster Medical Mutual Aid Plan. Mobilization of Operational Area resources is activated by the LEMSA, health officer, or MHOAC, based on an assessment of the needs of the response, a request from Incident Command, or by direction of the Operational Area EOC.
- Regional medical and health resources include all resources available to an Operational Area. The RDMHC may activate mobilization of regional resources in response to a request for assistance from a MHOAC.

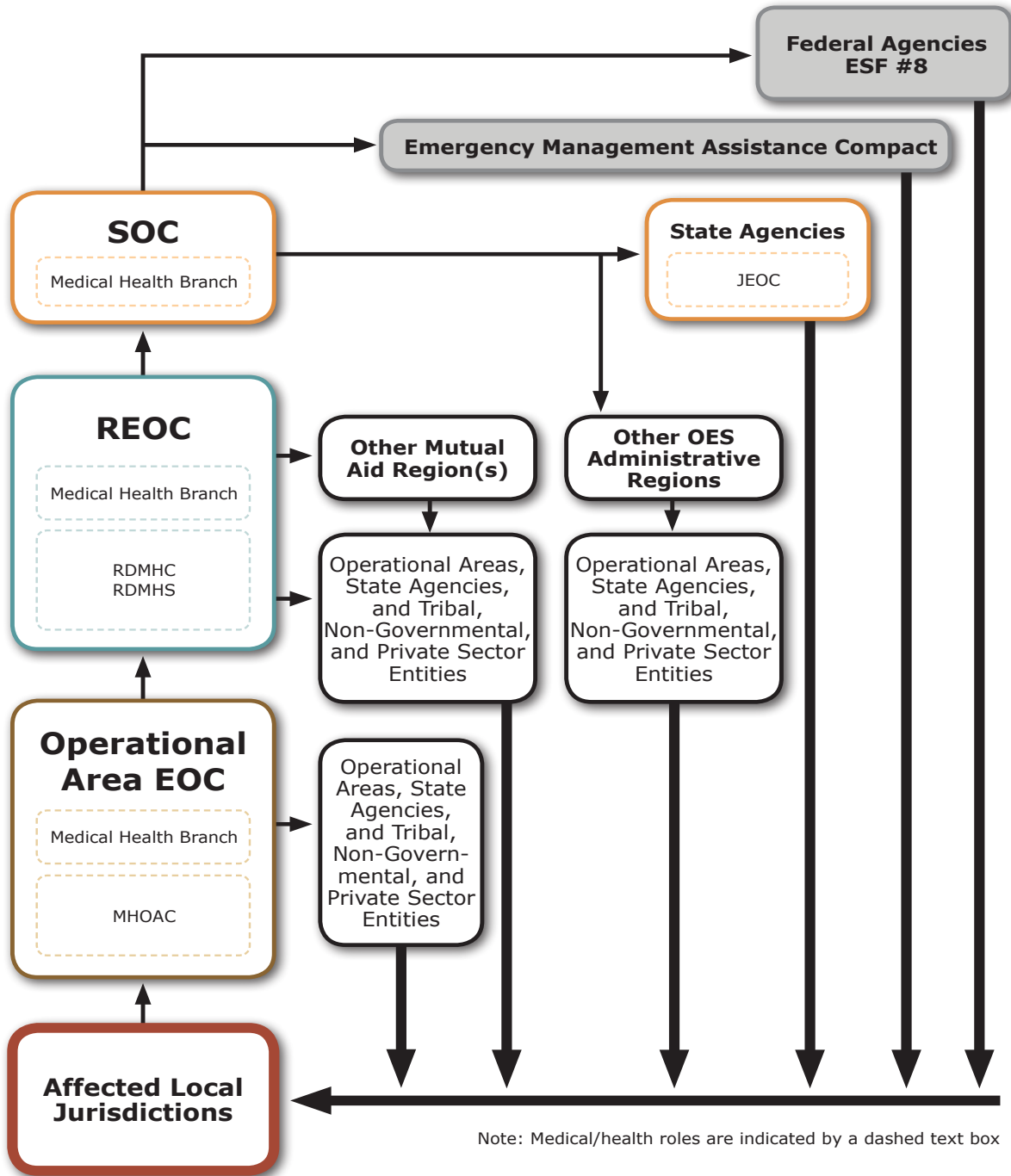


Figure 2
Medical Health Resource Requesting Process*

* Source: *Standards and Guidelines for Health Care Surge During Emergencies*, California Department of Public Health



- Inter-regional medical and health mutual aid is mobilized through the RDMHC in the affected mutual aid region. Selection of region(s) from which resources are to be drawn is made considering the imminence of the threat to life and property, conditions existing in the various regions, and the proximity to the affected Operational Area(s).

For additional information on the medical aspects of the Medical Health Mutual Aid System, refer to the California Medical Mutual Aid Plan referenced in Section 1.

Emergency Operations Centers

Coordination of medical and health response and the resources necessary to support the response occurs at EOCs that are activated at the local, regional, and state levels. These centers include:

- Local government medical/health and public health Department Operations Centers
- Local government EOCs
- Operational Area EOCs
- REOC
- JEOC
- SOC.

Table 1 describes major components of the medical and health response system at every level of SEMS, and identifies command and mutual aid systems used by these entities.

Table 1: Standardized Emergency Management System

Operational Level	Command System	Mutual Aid System
Local Government Medical Health DOC	SEMS/NIMS	Medical Mutual Aid System
Local Government EOC	SEMS/NIMS	All Mutual Aid Systems
Hospital Command Centers	Hospital Incident Command System	Medical Mutual Aid System
Operational Area EOC	SEMS/NIMS	All Mutual Aid Systems
REOC	SEMS/NIMS	All Mutual Aid Systems
SOC	SEMS/NIMS	All Mutual Aid Systems
JEOC	SEMS/NIMS	Medical Mutual Aid System

Activation

As described in Annex A of the California Disaster Medical Response Plan, the Medical and Health Mutual Aid System may be activated by an Operational Area, OES, EMSA, or CDPH when an emergency or disaster occurs, or when an imminent threat is identified. The formal alert and notification process includes the following elements:

- The MHOAC of the affected or threatened Operational Area alerts the RDMHC
- The RDMHC:
 - Notifies EMSA or CDPH
 - Notifies health officers, LEMSA administrators, and other resources in the region outside of the affected Operational Area(s) that he or she deems appropriate for the type and scope of the emergency
 - Establishes a communication link with the Operational Area, EMSA, and CDPH (either at the JEOC or their respective Department Operations Centers), other discipline-specific regional mutual aid coordinators, and the REOC
- EMSA or CDPH:
 - Notifies the RDMHCs in unaffected areas
 - Consults with OES about activation of the Medical Health Branch of the SOC.

Appendix B contains notification advisory criteria that the MHOAC uses when determining whether to notify the RDMHC.

Medical and health response generally consists of two distinct phases: immediate response and extended response.

Immediate Response – LEMSA Lead Role

An immediate response is generally required during an incident that causes mass casualties, in which the priority is to save lives. Depending on the scale of the emergency, this phase may last from several hours (for local incidents) to several days or more (for a major disaster).

In this phase, a fire service agency usually is the lead agency in the field; ambulances play a major role in counties with contracted ambulance service; and the LEMSA is the lead agency for the coordination and support of medical resources. During this phase, the LEMSA:

- Ensures the availability of ambulance resources for the incident and for sustaining non-incident emergency capacity
- Communicates with hospitals and assesses hospital status and capacity
- Coordinates and tracks patient flow to hospitals.

While the RDMHC and RDMHS may become involved if an incident is large, most of the initial ambulance mutual aid is county-to-county or through internal agency backup.





Extended Response – Public Health Department Lead Role

The extended phase of the medical and health response begins after most of the seriously injured patients have been transported. Depending on the nature and scale of an incident, the extended phase of operations may last days to weeks, or even months. The focus of this phase increasingly shifts to public health issues and the restoration of access to health care.

The county health officer plays a major role during this extended phase, particularly during a large-scale incident for which a local emergency has been declared. Medical health mutual aid is managed through the RDMHC and RDMHS in coordination with the REOC and JEOC.

It must be noted that emergencies such as pandemic influenza and the outbreak of other infectious diseases will unfold directly into this second phase. The health officer has the lead role in the response to this type of emergency and the LEMSA supports the response.

LOCAL AND OPERATIONAL AREA MEDICAL HEALTH RESPONSE

Pre-hospital emergency medical services are provided in the field primarily by fire service first responders and ambulances operated either by the fire service or by private entities under LEMSA-administered contracts.

As described in Section 2, the LEMSA or the public health department may establish a Department Operations Centers, in addition to staffing the Operational Area EOC Medical Health Branch, to manage local medical and health response in conjunction with the activities of the Operational Area. As an incident escalates, or during incidents with widespread effects or multiple scenes, a LEMSA/Public Health Department Operations Centers is activated to:

- Support the response at the scene and field activities through coordination with hospitals, EMS, ambulance services, and health care providers
- Provide logistics, management support, and coordination with the Operational Area EOC, if activated, for additional support
- Assist with resource requests and status reporting to the MHOAC.

Local plans define the medical health decision-making authority among the LEMSA Duty Officer or LEMSA Director or Administrator; the health officer; and the officers or administrators of health care facilities. Public medical and health response functions are intertwined, and most decisions are made in coordination with all medical and health responders. Depending on the level of damage and resources available, other disciplines or functions also may participate in the decision-making process.

If local resources are not sufficient to respond to an emergency, the LEMSA or public health department requests resources to support medical and health on-scene operations through the MHOAC. The MHOAC is responsible for coordinating the procurement and allocation of public and private medical, health, and other resources required to support medical and health operations. The MHOAC may:

- Directly request resources from another MHOAC in an Operational Area within the region: the requesting MHOAC will notify the RDMHC and RDHMS of the request and the provision of the resources
- Request resources through the RDMHC and RDMHS if the MHOAC cannot locate available resources.

REGIONAL MEDICAL HEALTH SUPPORT

Support at the regional level is coordinated by the RDMHC, with support from the RDMHS, and the REOC Medical Health Branch.

Regional Disaster Medical Health Coordinator

- The RDMHC, supported by the RDMHS, coordinates requests for medical and health resources within the region.
- For incidents inside the region, the RDMHC coordinates with MHOAC(s) from the affected and unaffected Operational Areas to manage sharing of resources.
- For incidents outside the region, the RDMHC coordinates the acquisition of requested medical and health resources from Operational Areas within the region to send to the affected region.
- The RDMHC coordinates requests for mutual aid with the REOC Medical and Health Branch.

When responding to an incident, the first-line reporting for the RDMHS may change from EMSA and the CDPH to the RDMHC, or the alternate RDMHC, to best carry out regional and state mission tasks.

Regional Emergency Operations Center Medical Health Branch

In general, the position of Medical Health Branch Director at the REOC is staffed as follows:

- In situations that involve mass casualties and injuries, EMSA staffs this position; a CDPH representative may be assigned as the Deputy Medical Health Branch Director to coordinate public health support
- In situations that involve an outbreak of disease, a pandemic, or bioterrorism, CDPH staffs this position; in such cases, an EMSA representative may be assigned as the Deputy Medical Health Branch Director to coordinate emergency medical support.





If the EMSA or CDPH does not initially send a representative to the REOC, OES will staff the Medical Health Branch Director position, and coordination still occurs between the RDMHC and that position.

The REOC Medical Health Branch responds to requests for support from the RDMHC and RDMHS by:

- Mission tasking state agencies to provide support
- Requesting resources from other OES administrative regions
- Coordinating requests for non-medical and health resources with other branches within the Operations Section of the REOC
- Forwarding unmet resource requests to the SOC.

Variations in the paths for communication include the following:

- The REOC Medical Health Branch Director may communicate with EMSA and CDPH representatives at the JEOP regarding situational awareness and available resources; however, the REOC must route resource requests through the SOC
- The RDMHC may coordinate with the SOC if the REOC is not functional
- County public health officers communicate directly with the CDPH regarding public health information and directives.

As previously mentioned, Sections 5 and 6 of the RECP Medical and Health Subsidiary Plan contain checklists for the REOC Medical Health Branch that describe initial actions, and critical action sheets that provide guidance for coordination among medical and health response and other disciplines. Appendix C provides a checklist for actions by the REOC Medical Health Branch Director.

During large-scale incidents, resource and operational decisions for the region may be made at the REOC Medical Health Branch through a resource management conference call with the RDMHC and RDMHS, MHOACs, health officers, and LEMSA directors.. The JEOP and the SOC Medical Health Branch also may be involved in decisions that affect the entire region or the state, and may be included in the conference call. Such calls are described further in this section.

If the Medical Health Branch receives requests for non-medical resources that are required to support a medical or health field response, the Medical Health Branch Director coordinates these requests with the appropriate Operations Section Branch. Regional mutual aid coordinators for the fire and rescue, law enforcement, and coroner/medical examiner mutual aid systems are responsible for in-region coordination of resources within these disciplines. (See the RECP subsidiary plans for these disciplines for additional information.)

STATE MEDICAL HEALTH SUPPORT

State Operations Center

The SOC Medical Health Branch is staffed by representatives of EMSA and CDPH in a manner similar to the REOC, as previously described. The SOC coordinates resource requests that cannot be met at the regional level and prioritizes scarce resources. In response to resource requests, the SOC:

- Coordinates requests for medical and health resources with EMSA and the CDPH at the JEOC
- Obtains resources from other, unaffected regions of the state
- Mission tasks state agencies to provide support
- Coordinates requests for non-medical and health resources with other branches within the Operations Section of the SOC
- Obtains out-of-state resources through the Emergency Management Assistance Compact and other mechanisms
- Coordinates requests for assistance with the Federal Government, if the President has declared an emergency or disaster.

Joint Emergency Operations Center

As discussed in Section 3, EMSA and the CDPH jointly staff the JEOC to coordinate state-level support for medical and public health response. In coordination with the SOC Medical Health Branch, the JEOC:

- Provides policy and program direction for medical and health response
- Leads state efforts to locate, acquire, and arrange delivery of state-owned and controlled disaster medical and health supplies, equipment, and personnel
- Assists with the coordination of resources from unaffected areas of the state.

As described in the California Disaster Medical Response Plan, EMSA and the CDPH may support medical and health operations by directing staff to work out of their respective Department Operations Centers, rather than at the JEOC, when the magnitude of an incident is not severe. This situation might occur when only a threat of an incident has occurred; when the JEOC is deactivating; or when there is a reduced need for the coordination of medical and health response.

State Medical Health Mutual Aid Coordination

A state-level Medical Health Mutual Aid Coordinator has not been designated. This function is managed at the state level by EMSA and the CDPH at the JEOC, and in the Medical Health Branch at the SOC.





FEDERAL LEVEL SUPPORT

When the President declares an emergency or disaster, the Federal Government activates ESF #8 to coordinate Federal resources to support state, local, tribal, and private sector medical and public health response. FEMA deploys a liaison to the SOC, followed by an Incident Management Assistance Team, to initiate coordination of the Federal response to state requests for support. The U.S. Department of Health and Human Services deploys ESF #8 liaisons to the SOC and JEOC to establish joint medical and public health operations. Joint State/Federal operations transition to the Joint Field Office when that facility is established. Through coordination with EMSA and the CDPH, Federal teams are integrated into state operations or into the field-level Incident Command at the local level.

If an incident is of such severity that the need for Federal support is readily apparent, the Federal Government immediately activates the Catastrophic Incident Supplement and begins activation and deployment of Federal resources, before full situational awareness of specific needs and shortfalls is known, and in anticipation of state requests for support. These resources may include National Disaster Medical System assets, DMATs, Public Health Service Commissioned Corps personnel, and CDC emergency response teams. These resources will be deployed to the affected area once the state has requested them.

MEDICAL HEALTH RESPONSE SYSTEM DESCRIPTION SUMMARY

Table 2 summarizes the roles and responsibilities of the departments and agencies at the local, regional, state, and Federal levels for medical health response.

MANAGEMENT OF RESOURCES

Authority to Commit State Resources

Resource requests must go through the REOC or SOC, where a mission task order and number is assigned to resource requests for future reimbursement of resources committed during a response. Although the RDMHC coordinates resource requests within the region, and with other regions, there is no single statewide Medical Health Mutual Aid Coordinator with the authority to commit state resources on behalf of OES. Rather, the REOC Medical Health Branch Director, who as an official of EMSA or the CDPH, has the authority to commit resources from within respective state departments or agencies, and must coordinate with the SOC Medical Health Branch to locate, task, and commit resources from other state departments or agencies.

Table 2: Overview of Local, Regional, State and Federal Medical Health Response

Response Agency	Decision-Making Authority	Resource Coordination	Typical Response Operations	Operations Center(s)	Response Plans
LOCAL LEVEL MEDICAL HEALTH RESPONSE (CITY, COUNTY, OPERATIONAL AREA)					
Public Health (County)	<ul style="list-style-type: none"> Health Officer Health Services Director 	<ul style="list-style-type: none"> MHOAC RDMHC 	<ul style="list-style-type: none"> Health Officer orders Food and water safety Management of hazardous materials exposure Vector control Disease investigation Isolation and quarantine Use of local pharmaceutical caches Mass prophylaxis/ Strategic National Stockpile Alternate care sites Laboratory testing Protective action decisions Health alerts, warnings, and information Medical treatment protocols Chempack program Assistance to the coroner for safe handling of the deceased 	<ul style="list-style-type: none"> DOC Medical/ Health Branch at the Operational Area EOC 	<ul style="list-style-type: none"> Department Operations Plan Isolation and Quarantine Plan Alternate Care Site Plans Mass Prophylaxis Plan Strategic National Stockpile Plan Pandemic Flu Plan Bioterrorism Response Plan Medical Health Branch Plan, or Operational Area Emergency Operations Plan Annex
LEMSA	<ul style="list-style-type: none"> EMS Duty Officer EMS Director 	<ul style="list-style-type: none"> MHOAC RDMHC Medical surge external to hospitals Emergency medical transport Hospital resource management 	<ul style="list-style-type: none"> Emergency medical transport Multiple casualty incident response Field treatment sites Medical treatment protocols Chempack 	<ul style="list-style-type: none"> Department Operations Center Medical/ Health Branch at the Operational Area EOC 	<ul style="list-style-type: none"> Multiple Casualty Incident Plan Mass Casualty Plan Field Treatment Site planning
Public Health Laboratory	<ul style="list-style-type: none"> Public Health Laboratory Director 	<ul style="list-style-type: none"> Laboratory Response Network MHOAC RDMHC 	Bio-agent sampling and testing	Department Operations Center (as a Group in the Operations Section or as a Unit in the Logistics Section)	Numerous laboratory procedural and safety plans and manuals, including emergency operations

Table 2: Overview of Local, Regional, State and Federal Medical Health Response (Continued)

Response Agency	Decision-Making Authority	Resource Coordination	Typical Response Operations	Operations Center(s)	Response Plans
Hospitals	<ul style="list-style-type: none"> Hospital Incident Command System Incident Commander Hospital Chief Executive or Director 	<ul style="list-style-type: none"> Vendors Hospital system (private) Request resources from the Department Operations Center Local EOC and Operational Area EOC 	<ul style="list-style-type: none"> Medical surge Emergency department Alternate care sites Medical care/austere care Patient evacuation Sustained operations Prophylaxis Decontamination Chempack storage 	Hospital Incident Command System	<ul style="list-style-type: none"> Emergency Operations Plan Surge Capacity Plan Infection Control Plan Bioterrorism Response Plan Isolation and Quarantine Plan Reciprocal Plans Decontamination Plan Pandemic Flu Plan County Multi-Hazard Plan
MMRS*	On-Scene Incident Commander	<ul style="list-style-type: none"> Local MMRS caches Fire/rescue and law enforcement mutual aid systems 	On-scene specialized radiological, chemical, biological, explosive response, and mass casualty response	On-Scene Incident Command	<ul style="list-style-type: none"> MMRS Plan
REGIONAL LEVEL MEDICAL HEALTH RESPONSE					
OES Coastal Region	<ul style="list-style-type: none"> REOC Director REOC Medical Health Branch Director 	<ul style="list-style-type: none"> Other Operations Section branches for non-medical and health RDMHC for medical and health 	Coordinate regional response	REOC (or remotely)	<ul style="list-style-type: none"> State Emergency Plan RECP Medical and Health Subsidiary Plan
<ul style="list-style-type: none"> RDMHC RDMHS 	RDMHC	<ul style="list-style-type: none"> MHOACs EMSA and CDPH Duty Officer REOC SOC JEOC 	<ul style="list-style-type: none"> Broker resources within the region; obtain resources from RDMHCs in unaffected areas and from the state Allocate scarce resources 	Contra Costa County Operational Area EOC	<ul style="list-style-type: none"> Regional Disaster Medical Health Coordination Plan RECP Medical and Health Subsidiary Plan California Disaster Medical Operations Manual
STATE AND FEDERAL LEVEL MEDICAL HEALTH RESPONSE					
SOC	<ul style="list-style-type: none"> SOC Director SOC Medical Health Branch Director 	<ul style="list-style-type: none"> JEOC for medical and health resources Other Operations Section branches for non-medical health resources Other state agencies Out-of-state resources Federal resources 	<ul style="list-style-type: none"> Coordinate state-level response Request Federal assistance 	SOC	<ul style="list-style-type: none"> State Emergency Plan State Mutual Aid Plans

* As discussed in Section 3, the MMRS cities in the Bay Area are Fremont, Oakland, San Francisco, and San Jose.

**Table 2: Overview of Local, Regional, State and Federal Medical Health Response
(Continued)**

Response Agency	Decision-Making Authority	Resource Coordination	Typical Response Operations	Operations Center(s)	Response Plans
EMSA	EMSA Director	<ul style="list-style-type: none"> • JEOC • SOC 	Coordinate interregional and state medical response	<ul style="list-style-type: none"> • JEOC • SOC Medical Health Branch • REOC Medical Health Branch 	<ul style="list-style-type: none"> • California Disaster Medical Response Plan • California Disaster Medical Operations Manual
CDPH	<ul style="list-style-type: none"> • CDPH Director • State Public Health Officer 	<ul style="list-style-type: none"> • JEOC • SOC 	<ul style="list-style-type: none"> • Coordinate interregional and state public health response • Coordinate public health activities with county public health officers • Receive Strategic National Stockpile pharmaceuticals • Mass prophylaxis • Chempack storage 	<ul style="list-style-type: none"> • JEOC • SOC Medical Health Branch • REOC Medical Health Branch 	<ul style="list-style-type: none"> • Standards and Guidelines for Healthcare Surge During Emergencies • State Strategic National Stockpile Plan • State Pandemic influenza Plan
<ul style="list-style-type: none"> • Federal agencies under the National Response Framework • U.S. Department of Health and Human Services is the coordinating and primary agency for ESF #8 	<ul style="list-style-type: none"> • Federal Coordinating Officer • Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services 	<ul style="list-style-type: none"> • ESF #8 Incident Response Coordination Team Lead • Other ESFs for non-medical and health resources 	Federal support for state, local, tribal, and private sector medical and health operations	<ul style="list-style-type: none"> • National Response Coordination Center • Regional Response Coordination Center • State/Federal Joint Field Office 	<ul style="list-style-type: none"> • National Response Framework • ESF #8 Annex • Catastrophic Incident Supplement



Regional Decision-Making

The REOC is the focus of decision-making for regional response. Medical and health decisions must be made as resources are requested, received, and allocated throughout the region. Three objectives may be considered when the REOC Director or the Medical Health Branch Director makes decisions for the regional response, as follows.

- **Prioritize Allocation of Medical Health Resources.** The MHOAC, and RDMHC, and RDHMS prioritize and allocate medical health resources across Operational Areas. The RDMHC and RDHMS may convene conference calls with MHOACs to broker the allocation of available resources across Operational Areas. If conference calls are not possible by telephone, every effort must be made to communicate with MHOACs through volunteer amateur radio. The Operational Area EOC may help coordinate the assignment of radio resources, as follows.

The REOC Medical Health Branch Director may convene a conference call from the REOC to consider the allocation of resources across the affected Operational Areas in the region. The REOC Medical Health Branch Director coordinates resource requests with the REOC Operations Section Chief. Ultimately, the REOC Director is responsible for the commitment of resources. The REOC Director may base his or her decisions on information from the REOC Operations Section Chief and from the Regional Coordination Group, as described in the RECP Base Plan.

- **Optimize Use of Resources and Medical Health Response.** During mass casualty and public health emergencies, response activities are initiated across all Operational Areas. These response activities involve the mobilization of personnel, facilities, equipment, supplies, transportation, and law enforcement. Response may entail the activation of mass dispensing sites, field treatment sites, isolation and quarantine operations, and other disease control measures, regionwide.
- As conditions permit, the REOC, in coordination with the JEOC and the SOC, convenes a conference call with health officers, MHOACs, and the RDMHC to determine possible situations in which Operational Areas can combine resources, and centralize or distribute response activities geographically to optimize the use of staff and resources across the region. The Medical Health Branch Director/Coordinator at either the REOC or the SOC can convene the conference call.
- **Ensure Consistency in Medical Care and Public Health Disease Control Measures.** Response during a medical or health emergency requires that health care providers receive consistent information about medical care and disease control measures. The REOC Medical Health Branch works with the

CDPH, Health Officers, the RDMHC, the MHOACs, and the Operational Area Medical Health Branch Coordinators to ensure that consistent information is communicated about:

- Medical care and treatment protocols, and to ensure that this information is communicated quickly to hospitals, medical care providers, and pre-hospital medical care providers (ambulance services)
- Decisions to activate and implement specific disease control measures
- Health alerts, health officer orders, and instructions to the public
- Waivers of legal obligations during emergency response by medical care providers; waivers require a county health officer declaration of a public health emergency.

Medical Supplies Management and Distribution

The RDMHC and RDMHS receives requests for medical supplies from MHOACs and may access other county and state medical supply resources through the system previously described and as illustrated on Figure 2. Pharmaceuticals are delivered to the state from the Strategic National Stockpile within 12 hours of a request by the Governor. Counties must set up and staff receiving, storing, and staging sites for Strategic National Stockpile pharmaceuticals and medical supplies, which are distributed within a county to mass prophylaxis/mass dispensing sites. Some counties have agreed to share one receiving, storing, and staging area among multiple counties. Chempack caches for treatment of exposure to chemical agents are stored throughout the region. Specific distribution and deployment plans for each cache are maintained in each Operational Area. At the Federal level, ESF #8 provides medical supplies and pharmaceuticals via the U.S. Department of Health and Human Services Program Support Center, the Department of Defense, the Defense Logistics Agency, the U.S. Department of Veterans Affairs, and the Strategic National Stockpile vendor-managed inventory.

RESPONSE MANAGEMENT CONFERENCE CALLS

Conference calls may be convened to consider regional response requirements, available resources, resource prioritization and allocation, and regional response operations.

REOC MEDICAL HEALTH BRANCH COORDINATOR CONFERENCE CALLS

The REOC Medical Health Branch Director may convene a response management conference call when the REOC is activated. The following participants may be included on the call:





- REOC Director
- Health officers
- MHOACs
- RDMHC and RDMHS
- JEOC Medical Health Branch Coordinator and EMSA and CDPH staff
- SOC Medical Health Branch Coordinator.

The conference calls also involve mutual aid coordinators from other disciplines, as necessary, to implement decisions related to medical response and control of disease. These calls may involve:

- Region II Fire and Rescue Mutual Aid Coordinator, Law Enforcement Mutual Aid Coordinator, or Coroner/Medical Examiner Mutual Aid Coordinator
- REOC branch directors and unit leaders for other functional areas, such as the Care and Shelter Branch, Care and Shelter Resource Unit, Transportation Branch, and Communications Unit.

Appendix D contains a REOC Medical Health Branch Director conference call procedures and roll call sheet.

Regional Disaster Medical Health Coordinator Conference Calls

The RDMHC may convene conference calls with MHOACs from affected and unaffected Operational Areas to consider response requirements, and to broker resources across Operational Areas.

County Public Health Officer Conference Calls

County Public Health Officers may convene conference calls to discuss the outbreak of disease and determine disease control measures. These conference calls may occur without activation of specific response organizations or response operations centers (such as Department Operations Centers, Operational Area EOCs, the REOC, the SOC, or the JEOC). Conference calls may involve only health officers, or may include representatives of the CDPH, CDC, or other experts, as required. During these conference calls, the RDMHC determines whether the Medical Mutual Aid System should be activated, and informs the REOC, when appropriate.

JEOC Medical Health Branch Coordinator Conference Calls

The JEOC Medical Health Branch Coordinator convenes conference calls with the REOC and the SOC Medical Health branches, the affected MHOACs, the RDMHC, and other JEOC and SOC Branch coordinators and unit leaders to consider the statewide use of resources, allocation of Federal resources, and overall coordination of a response.

REGIONAL INFORMATION MANAGEMENT

Information regarding situational status, resources needs, and the capacity to respond to an incident flows from field units and facilities to the SEMS organization via several communication systems, as follows.

- The Department Operations Center or Operational Area EOC receives hospital capacity information and casualty statistics, or requests this information from the field. The Department Operations Center Status Reports/Documentation Unit forwards situation reports to the MHOAC, who, in turn, consolidates and forwards the information to the RDMHC and RDMHS.
- The Department Operations Center, or the Medical Health Branch of the Operational Area EOC, may initiate medical health reporting in the Response Information Management System (RIMS), which is accessible to county, regional, and state SEMS levels.

Incident Status and Bed Capacity Information

Clinics, skilled nursing facilities, and other medical providers relay status and capability information immediately following an incident, or when requested by the MHOAC or the Public Health Department Operations Center (or the Operational Area EOC Medical Health Branch).

Incident status and hospital bed capacity information is used to determine the distribution of casualties (multiple or mass casualties). The Public Health Department Operations Center (or Operational Area EOC Medical Health Branch) and the MHOAC forwards area information back to hospitals, clinics, and medical providers. Field sites/activities (disease investigation teams, first response specialized teams, field treatment sites, mass dispensing sites) provide status information and resource requests to the MHOAC. The Planning Section at either the Public Health Department Operations Center or Operational Area EOC assembles RIMS situation reports for forwarding to the MHOAC, and then to the RDMHC and to the REOC Medical Health Branch Director.

The REOC Medical Health Branch Director and the RDMHC and RDMHS use the information regarding the numbers of casualties, facilities under evacuation, patients waiting, doses provided, the number triaged, and the number requiring isolation or quarantine – along with the resource requests – to determine the allocation of resources within the region.

Situation reports from the entire region are forwarded to the SOC and the JEOP for statewide response and resource decision-making.





Health Alerts, Warning, and Public Risk Communication

Health alerts, warnings, and risk communications are sent to the pagers, faxes, emails, and telephones of local public health departments and other predetermined individuals via the California Health Alert Network. Similar information also may be sent to the CDPH via this network. Local public health departments disseminate health alerts and warnings to medical care providers through various means.

Each MHOAC should have a back-up position assigned to assume MHOAC duties if the primary MHOAC is unable to report for duty.

The RDMHC has assigned an in-county and out-of-county back-up to assume RDMHC duties if the primary RDMHC is unavailable to report for duty. In addition, the REOC Medical Health Branch Director can perform RDMHC duties, when necessary.

Public health department emergency operations plans describe continuity of government for the position of health officer. In some counties, the health officer's duties may be designated to an assistant or deputy health officer. In counties without an assistant or deputy health officer, a licensed physician may be designated to assume the duties of the health officer.

All of these positions and alternates are available via a 24-hour contact number.



Section 5 | RECP Medical and Health Subsidiary Plan Initial Actions by Scenario



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Section 5 – Initial Actions by Scenario

The initial actions by scenario sheets contained in this section were developed specifically for the REOC Medical Health Branch Director as basic guidance for initial response to several emergency scenarios. The sheets are used to organize the actions that must be taken during the first 6+ hours following an emergency or disaster in response to resource requests from the MHOACs and the RDMHC and RDMHS.

Initial actions are described for the following scenarios:

- Earthquake response
- CBRNE incident
- Outbreak of disease/biological incident.

The initial actions by scenario sheets correspond to the critical action sheets (see Section 6) that list actions required for specific response functions, as shown in Table 3.

Table 3: Actions Required for Response Functions

Initial Actions By Scenario	Applicable Critical Action Sheets
Initial Actions for Earthquake	Mass Casualty Critical Action Sheet Hospital Evacuation Critical Action Sheet Hospital Coordination Critical Action Sheet Medical Needs Shelter Critical Action Sheet
Initial Actions for CBRNE Incident	Mass Casualty Critical Action Sheet Hospital Evacuation Critical Action Sheet Hospital Coordination Critical Action Sheet Medical Needs Shelter Critical Action Sheet
Initial Actions for Outbreak of Disease/Biological Incident	Mass Casualty Critical Action Sheet Quarantine and Isolation Critical Action Sheet Mass Dispensing Critical Action Sheet Medical Needs Shelter Critical Action Sheet

Timing is critical in emergency response. In order to respond to an emergency as effectively as possible, it would be prudent to pre-stage certain resources that could be automatically mobilized following an earthquake, a chemical or radiological incident, or the outbreak of disease. The initial action-by-scenario sheets list resources for each scenario that, if pre-staged, could be sent to affected areas expeditiously, thus saving time in the critical first few hours after an incident. Currently, such resources and a system and policy to mobilize them are not in place. Development of a system for automatic activation of pre-staged resources would require local, state, and Federal agency agreements. This would also require revision of state laws addressing reimbursement in the SEMS mission-tasking process, because the existing concept is that local resources must be exhausted before state or Federal resources can be mobilized.





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Initial Actions by Scenario – Earthquake

Earthquake – Hours 0 to 6

Situation/ Status Information

- Affected Area and Population(s)
- Hospital Status in the Region
- Hospital Evacuations (under way or complete)
- Hospital Infrastructure Support Needed (fuel, water, structural repair, etc.)
- Clinic, Skilled Nursing Facility, Other Congregate Care Facility Status
- Number and Location of Field Treatment Sites Established
- Number and Location of Alternate Care Sites Established
- Special Needs Populations
- Equipment (Medical and Non-Medical) Needed for Treatment of Injuries (crush, trauma, first aid)
- Personnel/Staffing Shortfalls
- Operational Area Deployment of Local Medical Caches (in progress or complete)
- Mutual Aid Requests (in progress)
- Declarations of Emergency (state and local)
- Communications Capability and Instructions
- Availability of Transportation Resources

INITIAL ACTIONS TO SUPPORT REGIONAL RESPONSE – MOBILIZE STATE RESOURCES

Actions/Decisions	Resources/Mission Tasking
<ul style="list-style-type: none"> • Activate and Staff REOC Medical Health Branch 	<ul style="list-style-type: none"> • Assign EMSA as Medical Health Branch Director (prolonged disease outbreak response) • EMSA Activated
<ul style="list-style-type: none"> • Field Treatment Sites • Mass Casualty Critical Action Sheet (see Section 6) 	<ul style="list-style-type: none"> • CAL-MATs • Medical Reserve Corps • Ambulance Strike Teams • ESF #8 and DMATs • California Medical Volunteers (medical staffing) • Strategic National Stockpile (medical equipment and supplies) • State Law Enforcement Mutual Aid Coordinator (security at field treatment sites) • SOC Transportation Branch (patient forwarding)
<ul style="list-style-type: none"> • Hospitals, Alternate Care Sites, and Field Treatment Sites • Hospital Evacuation Critical Action Sheet (see Section 6) • Hospital Coordination Critical Action Sheet (see Section 6) • Medical Needs Shelter Critical Action Sheet (see Section 6) • Strategic National Stockpile (medical supplies) • Public Information/Risk Communication 	<ul style="list-style-type: none"> • CAL-MATs, CDPH, other state agencies, and California Medical Volunteers (medical staffing) • ESF #8 and DMATs (staffing) • Strategic Nation Stockpile (medical equipment and supplies) • State Law Enforcement Mutual Aid Coordinator (security at alternate care sites and hospitals) • SOC Transportation Branch (patient forwarding from hospitals to alternate care sites or for specialized care) • Hospital Parent Corporate Command Centers (to ensure access for corporate resources for system hospitals and transport resource availability) • Coordination with all RDMHCs (state bed availability)
<ul style="list-style-type: none"> • Strategic National Stockpile (medical supplies) 	<ul style="list-style-type: none"> • Prepare Strategic Nation Stockpile request for CDPH, OES, Office of Homeland Security (OHS) Directors Conference Call with the Governor (REOC and SOC Medical Health Branches)

Initial Actions By Scenario – Earthquake (Continued)

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|--|---|
| <ul style="list-style-type: none"> Public Information/Risk Communications | <ul style="list-style-type: none"> Conference call with health officers and CDPH (consistent messaging/orders to the public) SOC Public Information Officer (assist regional or statewide distribution of public information) |
|--|---|

ACTIONS AFTER INITIAL RESPONSE – HOURS 6 TO 48+

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|--|---|
| <ul style="list-style-type: none"> Reassign CDPH as Medical Health Branch lead Mass Fatality (morgue) Special Needs Populations Shelter Support Outbreak of Disease Environmental/Sanitation/Water | <ul style="list-style-type: none"> SOC Mass Fatality Branch (transportation, refrigeration, and mass burial needs) California Medical Volunteers, Medical Reserve Corps, CAL-MATs, and ESF #8 (staffing for alternate care sites and medical shelters; medical and health referrals at shelters; and health/safety inspections at shelters) Other Regions and Operational Areas, CDPH, CDC (disease outbreak and sanitation control) |
|--|---|

PRE-STAGED STATE MEDICAL AND HEALTH RESOURCES FOR POTENTIAL AUTOMATIC MOBILIZATION FOR EARTHQUAKE RESPONSE

Resource	Activated/Mobilized By
<ul style="list-style-type: none"> Strategic Nation Stockpile (medical supplies and equipment) 	<ul style="list-style-type: none"> CDPH and OES
<ul style="list-style-type: none"> CAL-MATs 	<ul style="list-style-type: none"> EMSA
<ul style="list-style-type: none"> California Medical Volunteers 	<ul style="list-style-type: none"> Operational Area and EMSA
<ul style="list-style-type: none"> Mobile Field Hospital(s) 	<ul style="list-style-type: none"> Hospitals, Public Health, CDPH, and EMSA
<ul style="list-style-type: none"> State Equipment/Supply Caches (if any) 	<ul style="list-style-type: none"> EMSA
<ul style="list-style-type: none"> Assessment Teams (shelters) 	<ul style="list-style-type: none"> EMSA, CDPH, and OES
<ul style="list-style-type: none"> Management Support Teams 	<ul style="list-style-type: none"> EMSA
<ul style="list-style-type: none"> Environmental/Sanitation Teams 	<ul style="list-style-type: none"> Public Health, Environmental Health, and CDPH

Initial Actions By Scenario – CBRNE Incident

Chemical – Radiological Incident – Hour 0 to 6

Situation/Status Information

- Type of Incident (localized versus widespread, terrorism bomb blast with chemical or radiological injuries and deaths, or accidental chemical or radiological release)
- Affected Area and Population(s)
- Hospital Status in the Region
- Hospital Evacuations (under way or complete)
- Hospital Infrastructure Support Needed (fuel, water, structural repair, etc.)
- Number and Location of Established Field Treatment Sites
- Number and Location of Established Alternate Care Sites
- Environmental Hazards and No-entry Zones
- Special Needs Populations
- Equipment (Medical and Non-Medical) Needed for Treatment of Injuries (e.g., radiation sickness, burns, ventilators)
- Personnel/Staffing Shortfalls
- Operational Area Deployment of Local Medical Caches (in progress or complete)
- Mutual Aid Requests in Progress
- Declarations of Emergency (state and local)
- Communications Capability and Instructions
- Availability of Transportation Resources

INITIAL ACTIONS TO SUPPORT REGIONAL RESPONSE – MOBILIZE STATE RESOURCES

Actions/Decisions	Resources/Mission Tasking
<ul style="list-style-type: none"> • Activate and Staff the REOC Medical Health Branch 	<ul style="list-style-type: none"> • Assign CDPH as Medical Branch Director (chemical and radiological response)
<ul style="list-style-type: none"> • Field Treatment Sites and Alternate Care Sites • Mass Casualty Critical Action Sheet (see Section 6) 	<ul style="list-style-type: none"> • CAL-MATs • California Medical Volunteers (medical staffing) • Mobile Field Hospitals • ESF #8 and DMATs • Strategic National Stockpile (medical equipment and supplies) • State Law Enforcement Mutual Aid Coordinator (security at field treatment sites) • SOC Transportation Branch (patient forwarding)
<ul style="list-style-type: none"> • Hospitals and Alternate Care Sites • Hospital Evacuation Critical Action Sheet (see Section 6) • Hospital Coordination Critical Action Sheet (see Section 6) • Medical Needs Shelter Critical Action Sheet (see Section 6) 	<ul style="list-style-type: none"> • CAL-MATs, California Medical Volunteers, CDPH, and other state agencies (medical staffing) • ESF #8 and DMATs (medical staffing) • Strategic Nation Stockpile (medical equipment and supplies) • State Law Enforcement Mutual Aid Coordinator (security at alternate care sites and hospitals) • SOC Transportation Branch (patient forwarding from hospitals to alternate care sites or for specialized care) • Hospital Parent Corporate Command Centers (to ensure access for corporate resources to system hospitals; with communication to the RDMHC for resource coordination) • Bed availability (forwarding within the state and National Disaster Medical System)
<ul style="list-style-type: none"> • Strategic Nation Stockpile (medical supplies) 	<ul style="list-style-type: none"> • Prepare Strategic Nation Stockpile request for CDPH, OES, OHS Directors Conference Call with the Governor (REOC and SOC Medical Health Branch Directors)

Initial Actions By Scenario – CBRNE Incident (Continued)

<ul style="list-style-type: none"> • Decontamination and Personal Protective Equipment (PPE) 	<ul style="list-style-type: none"> • State Fire and Rescue Mutual Aid Coordinator (decontamination equipment, supplies, and facilities) <ul style="list-style-type: none"> – Some Operational Areas have decontamination equipment and PPE that is not under Fire and Rescue control – PPE recommendations • CDPH Health Physicists • Law enforcement (California Highway Patrol) and power plant counties (radiological monitoring equipment for health care facilities) • Ensure decontamination processes at hospitals are similar throughout the region
<ul style="list-style-type: none"> • Public Information/Risk Communication • Coordination of Information From Terrorism Early Warning Group 	<ul style="list-style-type: none"> • Conference call with health officer and CDPH (consistent messaging and orders to the public) • SOC Public Information Officer (assist with regional or statewide distribution of public information)

ACTIONS AFTER INITIAL RESPONSE AND INTO HOURS 6 TO 48+

<ul style="list-style-type: none"> • Mass Fatality (morgue) • Special Needs Populations • Shelter Support • Outbreak of Disease (shelters) • Environmental/Sanitation/Water 	<ul style="list-style-type: none"> • SOC Mass Fatality Branch (transportation, refrigeration, mass burial needs) • California Medical Volunteers, Medical Reserve Corps, CAL-MATs, and ESF #8 (staffing for alternate care sites and medical needs shelters, medical and health referrals at shelters, and health and safety inspections at shelters) • Other regions and Operational Areas, CDPH, and CDC (disease outbreak and sanitation control)
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PRE-STAGED STATE MEDICAL AND HEALTH RESOURCES – POTENTIAL AUTOMATIC MOBILIZATION FOR CHEMICAL/RADIOLOGICAL INCIDENT RESPONSE

Resource	Activated/Mobilized By
<ul style="list-style-type: none"> • Chempacks 	<ul style="list-style-type: none"> • Field, MHOAC, RDMHC, and RDHMS
<ul style="list-style-type: none"> • Potassium Iodide Supplies 	<ul style="list-style-type: none"> • Health Officer • MHOAC, RDMHC, and RDMHS
<ul style="list-style-type: none"> • Strategic Nation Stockpile (request for medical supplies and equipment) 	<ul style="list-style-type: none"> • CDPH and OES
<ul style="list-style-type: none"> • CAL-MATs 	<ul style="list-style-type: none"> • EMSA
<ul style="list-style-type: none"> • California Medical Volunteers 	<ul style="list-style-type: none"> • EMSA
<ul style="list-style-type: none"> • State Medical Equipment and Supplies Caches 	<ul style="list-style-type: none"> • REOC and SOC
<ul style="list-style-type: none"> • Management Support Teams 	<ul style="list-style-type: none"> • EMSA
<ul style="list-style-type: none"> • Environmental/Sanitation Teams 	<ul style="list-style-type: none"> • Environmental Health
<ul style="list-style-type: none"> • Radiological Response Teams 	<ul style="list-style-type: none"> • CDPH

Initial Actions By Scenario – Disease Outbreak/Biological Incident

Disease Outbreak – Hours 0 to 6	
SITUATION/STATUS INFORMATION	
<ul style="list-style-type: none"> • Type of Incident (bioterrorism, pandemic, outbreak of disease in the region)* • Affected Area and Population(s) (nationwide) • Hospital Status in the Region • Number and Location of Alternate Care Sites Established • Special Needs Populations • Equipment (Medical and Non-Medical) Needed for Treatment of Specific Disease Agent and Shortfalls • Personnel and Staffing Shortfalls • Operational Area Deployment of Local Medical Caches (in progress or complete) • Mutual Aid Requests (in progress) • Disease Control Measures Under Consideration by Health Officers (e.g., mass prophylaxis, isolation, quarantine, and social distancing) • Emergency Declarations and Local Health Directives • Communications Capability and Instructions • Availability of Transportation Resources (for the above) 	
INITIAL ACTIONS TO SUPPORT REGIONAL RESPONSE – MOBILIZE STATE RESOURCES	
Actions/Decisions	Resources/Mission Tasking
<ul style="list-style-type: none"> • Activate and staff the REOC Medical Health Branch 	<ul style="list-style-type: none"> • Assign CDPH as Medical Health Branch Director (disease outbreak response)
<ul style="list-style-type: none"> • Hospitals and Alternate Care Sites • Mass Casualty Critical Action Sheet (see Section 6) 	<ul style="list-style-type: none"> • CDPH and other state agencies (medical staffing) • California Medical Volunteers (medical staffing) • Strategic National Stockpile (medical equipment and supplies) • State Law Enforcement Mutual Aid Coordinator (security at alternate care sites and hospitals) • SOC Transportation Branch (patient forwarding from hospitals to alternate care sites or for specialized care)
<ul style="list-style-type: none"> • Epidemiological Investigation/Laboratory 	<ul style="list-style-type: none"> • CDPH (disease investigation teams) • CDC (Technical Assistance Response Unit and disease investigation teams) • State Laboratory Response Network
<ul style="list-style-type: none"> • Disease Control • Mass Prophylaxis/Dispensing • Isolation and Quarantine • Austere Care (when medical resources are limited or unavailable) • PPE • Mass Dispensing Critical Action Sheet (see Section 6) • Isolation and Quarantine Critical Action Sheet (see Section 6) 	<ul style="list-style-type: none"> • Strategic National Stockpile (request for medical equipment and pharmaceuticals) • CDPH (biological PPE recommendations)
<ul style="list-style-type: none"> • Strategic National Stockpile 	<ul style="list-style-type: none"> • Prepare Strategic National Stockpile request for CDPH, OES, OHS Directors conference call with the Governor (REOC and SOC Medical Health Branches)
<ul style="list-style-type: none"> • Public Information/Risk Communication (coordinated with information from Terrorism Early Warning Group) 	<ul style="list-style-type: none"> • Conference call with health officer and CDPH (consistent messaging and orders to the public) • SOC Public Information Officer (assist with regional or statewide distribution of public information)

*Note: One smallpox case triggers the REOC to prepare for the widespread outbreak of disease.

Initial Actions By Scenario – Disease Outbreak/Biological Incident (Continued)

ACTIONS AFTER INITIAL RESPONSE – HOURS 6 TO 48+

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| <ul style="list-style-type: none"> • Mass Fatality (morgue) • Special Needs Populations • Medical Needs Shelter Critical Action Sheet (see Section 6) | <ul style="list-style-type: none"> • SOC Mass Fatality Branch (transportation, refrigeration, and mass burial needs) • California Medical Volunteers (continue staffing for alternative care sites and medical needs shelters) |
|--|--|

PRE-STAGED STATE MEDICAL AND HEALTH RESOURCES FOR POTENTIAL AUTOMATIC MOBILIZATION FOR DISEASE OUTBREAK RESPONSE

Resource	Activated/Mobilized By
<ul style="list-style-type: none"> • Strategic National Stockpile 	<ul style="list-style-type: none"> • CDPH and OES
<ul style="list-style-type: none"> • CAL-MATs 	<ul style="list-style-type: none"> • EMSA
<ul style="list-style-type: none"> • California Medical Volunteers 	<ul style="list-style-type: none"> • EMSA
<ul style="list-style-type: none"> • Management Support Teams 	<ul style="list-style-type: none"> • EMSA
<ul style="list-style-type: none"> • Disease Outbreak Investigation Teams 	<ul style="list-style-type: none"> • CDPH
<ul style="list-style-type: none"> • Hazardous Materials Response Teams 	<ul style="list-style-type: none"> • Fire and Rescue Mutual Aid Coordinator
<ul style="list-style-type: none"> • Mobile Field Hospitals 	<ul style="list-style-type: none"> • EMSA



Section 6 | RECP Medical and Health Subsidiary Plan Critical Action Sheets



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Section 6 – Critical Action Sheets

This section of the RECP Medical and Health Subsidiary Plan contains six critical action sheets that are to be used during conference calls to collect information pertinent to each medical health function; to provide consistency across the region in orders, treatment, messaging, and situation status; and to describe considerations for optimizing action planning and response. The critical action sheets include:

- **Mass Casualty:** to support Operational Area activation of mass casualty operations and coordinate response across multiple Operational Areas
- **Mass Dispensing:** to support Operational Area activation of mass dispensing sites and coordinate response across multiple Operational Areas to optimize delivery of mass prophylaxis to the population
- **Quarantine and Isolation:** to support Operational Area activation of isolation and quarantine operations and coordinate response across multiple Operational Areas
- **Hospital Evacuation:** to support hospital evacuation operations and coordinate response across multiple Operational Areas; also includes evacuation of skilled nursing facilities, assisted living centers, and other congregate care facilities
- **Coordination with Medical Care:** to support Operational Area activation of medical care shelters and coordinate response across multiple Operational Areas
- **Coordination with Corporate Command Centers:** to ensure that private-sector health care and other partners are able to access corporate facilities in the affected area to assist with hospital evacuation and to provide needed supplies; provide coordination and communication with corporate command centers, as needed.

The critical action sheets are for use in the REOC by the REOC Duty Officer, the REOC Director, the REOC Operations Section Chief, the REOC Medical Health Branch Director, and the REOC Planning Section, as those positions are activated and staffed.

Each county or Operational Area Medical Health Branch is responsible for implementing the medical portion of a response to an emergency. It is assumed that Medical Health Department Operations Centers are activated as well as Operational Area EOCs. The MHOAC manages resource requests, which are communicated to the RDMHC. OES Coastal Region initiates conference calls with MHOACs, Health Officers, and the Operational Area EOC Medical Health Branch Coordinators in all counties to address resource allocations when multiple Operational Areas are involved.





The REOC may request that interagency and interdisciplinary representatives and outside experts participate in the conference calls. Such participants may include law enforcement, transportation, legal counsel, logistics, public information officers, and medical and health subject area experts. If the REOC Medical Health Branch is not staffed, and the RDMHC is not available in a timely manner, the REOC Director and other personnel at the REOC may conduct critical actions, including convening conference calls.

Critical Action Sheet – Mass Casualty**COLLECT INFORMATION/ASSESS SITUATION**

- Convene a conference call when status reports indicate a need for REOC assistance.
- Gather status and requirements from Operational Area EOCs via phone calls or situation reports:
 - Number and types (injury, illness, burns, chemical, radiological exposure, respiratory, cardiac arrest, enteric illness) of casualties in each Operational Area
 - Number of field treatment sites activated or under consideration*
 - Number of alternate care sites activated or under consideration
 - Facility or site status and problems
 - Hospital status and problems
 - Staffing status/problems
 - Security status/problems
 - Transportation status/problems for mass casualty response
 - Equipment/supplies status/problems
 - Public information status
 - Patient tracking issues
 - Special needs populations status/problems
 - Level of care and health officer orders.
- Gather additional information about the situation and provide to Operational Areas. Information to be obtained from the RDMHC and RDMHS in other parts of the state, and from legal counsel, the CDPH, CDC, the Surgeon General, U.S. Public Health Service, U.S. Department of Homeland Security, and medical subject area experts.

PROVIDE RESOURCES TO SUPPORT MASS CASUALTY OPERATIONS

- Support Operational Area resource needs:
 - Broker provision of resources from other Operational Areas (MHOAC to RDMHC in the Medical Health Mutual Aid System)
 - Broker provision of resources from other regions and the state
 - Refer resource needs to discipline-specific mutual aid coordinators (fire, law, and coroner)
 - Task state agencies to provide resources (must be approved by REOC Director)
 - Request assistance from other states and Federal assets (REOC to the JEOC and SOC to the Federal resources)
 - Track progress of resources and provide updates to the Operations Section Chief and Logistics Section Chief

SUPPORT ISSUANCE OF CONSISTENT HEALTH OFFICER ORDERS – MEDICAL PROTOCOLS

- Support Operational Area health officers with issuance of consistent orders and medical protocols concerning level of care and acute medical care:
 - Convene conference calls with County health officers and the State Health Officer for decision-making and information sharing; calls may be facilitated by the JEOC or the CDPH
 - Share guidance or directives from the CDPH, the State Public Health Officer, and Federal officials
 - Distribute legal information to authorities, as appropriate
 - Distribute consistent medical protocols, which may be issued by the CDPH, the CDC, or other officials, if different from standing protocols.

* Field treatment sites are for triage and stabilizing; patients are transferred if longer duration of care is necessary. Alternate care sites provide for the full spectrum of care, usually for the duration of an illness and activated because usual care sites (hospitals) are overwhelmed.

Critical Action Sheet – Mass Casualty

PROVIDE CONSISTENT PUBLIC INFORMATION FOR MASS CASUALTY RESPONSE

- Convene conference call with public information officers (public health department, Operational Area or city public information officers) from affected Operational Areas to coordinate dissemination of common information. Calls may be facilitated by state risk communications staff.
- Correct, revise, or update information to be included in Operational Area public information messages for mass casualty response.

INCIDENT ACTION PLANNING – OPTIMIZE RESPONSE OPERATIONS

- From conference calls with health officers, MHOACs, the RDMHC and RDMHS, Operational Area Medical Health Branch Coordinators, the CDPH, and others, and status reports and resource requests, consider alternate approaches to solve resource shortfalls and optimize use of resources. For mass casualty operations determine whether:
 - There is a need to transfer patients to facilities treating similar illness and conditions
 - The field treatment site is overwhelmed and patients can be forwarded out of the Coastal Region or out of the state
 - OES Coastal Region can assist with the identification of non-traditional facilities for field treatment site or alternate care sites (hotels, vacant offices, cruise ships, barges and ferries)
 - OES Coastal Region can help obtain statewide waivers to use non-traditional/unlicensed staff for field treatment sites and alternate care sites
 - OES Coastal Region can help obtain waivers of regulations that impede immediate delivery of pharmaceuticals and other necessary medical interventions
 - Additional support is required for special needs populations.

ADDITIONAL INFORMATION FOR MASS CASUALTY RESPONSE

MOBILE FIELD HOSPITAL

- The Mobile Field Hospital is activated when there is a need to replace acute hospital care for a period of several weeks. The Mobile Field Hospital capacity in California is currently planned for 600 beds deployed as three, 200-bed hospitals. Mobile Field Hospital assets are deployed by EMSA.

FEDERAL MEDICAL STATION

- The U.S. Department of Health and Human Services Federal Medical Station is a cache of medical supplies and equipment that can be used to set up a temporary non-acute medical care facility. Federal medical station assets are managed and deployed from the CDC Strategic National Stockpile Program. Each station contains beds, supplies, and medicine to treat 250 people for up to 3 days. The Operational Area EOC provides logistical support for the set up and management of the Federal medical station when it is deployed. Federal medical stations are deployed per four levels of response; however, currently deployable resources are only for a Level 1 response (tents).

Critical Action Sheet – Mass Dispensing**COLLECT INFORMATION AND ASSESS SITUATION**

- Convene a conference call when status reports indicate a need for REOC assistance.
Gather mass dispensing status and requirements from Operational Area EOCs via phone calls and/or situation reports:
 - Number of mass dispensing sites activated in each Operational Area
 - Patient flow rate per hour
 - Hours of operation at dispensing sites and how many to be prophylaxed in next 24 hours
 - Facility types (if these data are needed based on assistance requests)
 - Strategic National Stockpiles status (request from Governor, delivery, the Strategic National Stockpile Receiving, Staging, and Storing Site staging, distribution, security)
 - Staffing status/problems
 - Security status/problems
 - Transportation to dispensing sites status/problems
 - Equipment and supplies status and problems
 - Public information status
 - Special needs population status and problems.
- Gather additional information about the situation and provide to Operational Areas. Information will be obtained from RDMHSs in other parts of the state, and from legal counsel, the CDPH, CDC, the Surgeon General, U.S. Public Health Service, U.S. Department of Homeland Security, United States Army Medical Research Institute for Infectious Diseases, and medical subject area experts.

PROVIDE RESOURCES TO SUPPORT MASS DISPENSING OPERATIONS

- Support Operational Area resource needs:
 - Broker provision of resources from other Operational Areas (MHOAC to RDMHC in the Medical Health Mutual Aid System)
 - Broker provision of resources from other regions (RDMHC to RDMHC and REOC)
 - Refer resource needs to discipline-specific mutual aid coordinators (fire, law, and coroner)
 - Task state agencies to provide resources (must be approved by the REOC Director)
 - Request assistance from other states and Federal assets (REOC to the JEOP and SOC to Federal resources)
 - Track progress of resource provision and provide updates to Operations Section Chief and Logistics Section Chief.

SUPPORT CONSISTENT HEALTH OFFICER ORDERS – MEDICAL PROTOCOLS

- Support Operational Area health officers in issuing consistent orders and medical protocols:
 - State convenes conference calls with County health officers, MHOACs, and the State Health Officer for decision-making and information sharing
 - Share guidance or directives from the Department of Health Services and State Public Health Officer and Federal officials, including guidance on prioritization of population prophylaxis
 - Distribute legal information to authorities, as appropriate
 - Distribute consistent medical protocols, dosing information, adverse reactions, contraindications, alternative prophylaxis, etc.; consistent medical protocols may be issued by the CDPH, the CDC, or other officials

Critical Action Sheet – Mass Dispensing

PROVIDE CONSISTENT PUBLIC INFORMATION FOR MASS DISPENSING

- Convene conference call with public information officers (public health department, Operational Area, or city public information officers) from affected Operational Areas to coordinate dissemination of common information.
- Correct, revise, or update information to be included in Operational Area public information messages for mass dispensing

INCIDENT ACTION PLANNING – OPTIMIZE RESPONSE OPERATIONS

- From conference calls with Health Officers, MHOACs, the RDMHC and RDMHS, Operational Area Medical Health Branch Coordinators, and others, and status reports and resource requests, consider alternate approaches to solve resource shortfalls and optimize use of resources. For mass dispensing, determine whether:
 - Dispensing sites can be combined across Operational Areas and whether there are any dispensing sites near jurisdictional borders that can be combined
 - Any Operational Area dispensing operations are complete and can be accommodated to additional site flow
 - There are any suggestions for additional staffing across Operational Areas; whether non-traditional and unlicensed professionals can dispense; and whether a statewide waiver is needed
 - Any alternate methods (e.g., drive-through and street delivery) are ready to activate or are in use
 - The Health Officer can reconsider the requirement for targeted or mass population to receive prophylaxis.

ADDITIONAL INFORMATION FOR MASS DISPENSING

- The CDPH requires county public health departments to prepare plans to dispense medications and/or vaccines to the entire population within 6 to 10 days. Pre-designated mass dispensing sites in local jurisdictions are activated for the 6- to 10-day timeframe. Plans also are in place to provide targeted or mass emergency prophylaxis within 48 hours of the health officer's order. Other distribution methods, including door-to-door, mail delivery, and drive-through delivery, are needed for the 48-hour timeframe. Each county has determined the number of sites that will be activated for different scenarios.
- Local pharmaceutical stockpiles are used initially for priority prophylaxis of emergency workers. County plans include priority prophylaxis policies and procedures. The Strategic National Stockpile arrives within 12 hours. The Strategic National Stockpile is requested by the Governor in a conference call involving the JEOC and SOC and the Governor's Office.
- The receiving, staging, and storing site is located at a pre-designated facility in the county. The Operational Area EOC Logistics Section is the lead for the set-up and management of the receiving, staging, and storing site.
- Operational Area EOC support to mass dispensing sites involves the transport of medical supplies and pharmaceuticals and re-supply, security in route and at dispensing sites, staffing, volunteer management, and worker and volunteer support services.

Critical Action Sheet – Quarantine and Isolation**COLLECT INFORMATION/ASSESS SITUATION**

- Convene a conference call when status reports indicate a need for REOC assistance.
- Gather quarantine isolation status and requirements from Operational Area EOCs via phone calls or situation reports:
 - Numbers needing isolation or quarantine in each Operational Area
 - Type of isolation or quarantine (home, hospital, other facility)
 - Strategic National Stockpile status, if required (request from Governor, delivery, receiving, staging, and storing staging, distribution, security)
 - Legal and court due process status/problems
 - Staffing status/problems
 - Security status/problems
 - Transportation for isolation and quarantine response status and problems
 - Equipment and supplies status and problems
 - Public information status
 - Special needs populations status and problems
 - Health Officer orders issued.
- Gather additional information about the situation and provide to Operational Areas. Information will be obtained from RDMHCs in other parts of the state, and from legal counsel, the CDPH, CDC, the Surgeon General, U.S. Public Health Service, U.S. Department of Homeland Security, and medical subject area experts.

PROVIDE RESOURCES TO SUPPORT QUARANTINE ISOLATION OPERATIONS

- Contact Operational Areas and determine resource needs.
- Support Operational Area resource needs:
 - Broker provision of resources from other Operational Areas (MHOAC to RDMHC in the Medical Health Mutual Aid System)
 - Broker provision of resources from other regions (RDMHC to RDMHC and REOC)
 - Refer resource needs to discipline-specific mutual aid coordinators (fire, law, and coroner)
 - Task state agencies to provide resources (must be approved by REOC Director)
 - Request assistance from other states and Federal assets (REOC to the JEOC and SOC to Federal resources)
 - Track progress of resource provision and provide updates to Operations Section Chief and Logistics Section Chief.

SUPPORT CONSISTENT HEALTH OFFICER ORDERS – MEDICAL PROTOCOLS

- Support Operational Area health officers with issuance of consistent orders and medical protocols:
 - Convene conference calls with County health officers and State Health Officer for decision-making and information sharing
 - Share guidance or directives from Department of Health Services and State Public Health Officer and Federal officials
 - Distribute legal information to authorities, as appropriate
 - Distribute consistent medical protocols, which may be issued by the CDPH, the CDC, or other officials.

Critical Action Sheet – Quarantine and Isolation

PROVIDE CONSISTENT PUBLIC INFORMATION FOR ISOLATION AND QUARANTINE

- Convene conference call with public information officers (public health department, Operational Area, or city public information officers) from affected Operational Areas to coordinate dissemination of common information.
- Correct, revise, or update information to be included in Operational Area public information messages for isolation and quarantine.

INCIDENT ACTION PLANNING – OPTIMIZE RESPONSE OPERATIONS

- From conference calls with health officers, MHOACs, RDMHC, Operational Areas, Medical Health Branch Coordinators, and others, and status reports and resource requests, consider alternate approaches to solve resource shortfalls and optimize use of resources. For isolation and quarantine, determine whether:
 - The logistics and resources of support services can be combined across Operational Areas if home isolation is implemented,
 - The Health Officer would consider combining individuals with similar illnesses or conditions in facilities for isolation or quarantine if this optimizes delivery of support services and use of resources
- When determining a regional coordination role, consider whether:
 - The private sector (grocery stores and pharmacies) can be mobilized to assist with the delivery of support services during home isolation or quarantine
 - Online shopping (groceries and pharmacies) can be increased and facilitated
 - Telecommuting can facilitate home quarantine
 - Online banking can be facilitated for new users
 - There is a need to coordinate with school districts for alternate school arrangements
 - Additional support is required for special needs populations, and what type
 - Mass prophylaxis is occurring simultaneously (see Mass Dispensing Critical Action Sheet)
 - Legal actions (due process court hearings) can be accomplished en masse instead of by individual (this may require a statewide waiver or ruling)
 - Law enforcement personnel can be assigned across jurisdictions
 - Facilities can be merged (see the Mass Casualty Critical Action Sheet alternate care sites)

ADDITIONAL INFORMATION FOR QUARANTINE AND ISOLATION OPERATIONS

- The Quarantine and Isolation Coordination Critical Action Sheet is activated when one or more of the following situation occurs:
 - An isolation or quarantine order is issued by the health officer in one jurisdiction when the disease agent is highly communicable and the number of ill patients exceeds the capacity to isolate in existing hospital isolation beds
 - An anticipated or actual incident (disease outbreak) requires activation
 - Operational Area(s) request isolation and quarantine support
 - Area health officers determine the need to provide mass isolation or quarantine.
- Isolation and quarantine are two public health strategies designed to protect the public by preventing exposure to infected or potentially infected persons. Both isolation and quarantine may be conducted voluntarily or compelled on a mandatory basis through legal authority.

Critical Action Sheet – Quarantine and Isolation

- The health officer is responsible for issuing orders to isolate or quarantine individuals or groups of individuals. Due process is required when such orders are contested. Public health department plans for isolation and quarantine address social distancing and home isolation or quarantine as the most likely requirements. The plans also address situations where individuals or groups would need to be isolated at existing hospitals or other facilities.

DEFINITIONS:

- 1. Communicable Disease** – An illness due to a specific microbiological or parasitic agent or its toxic products which arises through transmission of that agent or its products from an infected person, animal, or inanimate reservoir to susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment (17 CCR § 2500 (a) (7)).
- 2. Isolation** – Isolation is defined as separation of infected persons from other persons for the period of communicability in such places and under such conditions as will prevent the transmission of the infectious agent (17 CCR § 2515).
- 3. Strict Isolation** – If the disease requires strict isolation, the health officer shall ensure that instructions are given to the patient and members of the household, defining the area within which the patient is to be isolated and stating the measures to be taken to prevent the spread of disease (17 CCR § 2516).
- 4. Modified Isolation** – If the disease is one in which only a modified isolation is required, the local Health Officer shall issue appropriate instructions, prescribing the isolation technique to be followed. The isolation technique will depend upon the disease (17 CCR § 2518).
- 5. Quarantine** – Quarantine is defined as the limitation of freedom of movement of persons or animals that have been exposed to a communicable disease for a period of time equal to the longest usual incubation period of the disease, in such manner as to prevent effective contact with those not so exposed (17 CCR § 2520).

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Critical Action Sheet – Hospital Evacuation**COLLECT INFORMATION/ASSESS SITUATION**

- Convene a conference call when status reports indicate a need for REOC assistance.
- Gather status and requirements from Operational Area EOCs via phone calls and/or situation reports:
 - Number of hospitals evacuating in each Operational Area
 - Number of patients and type of beds/level of care required
 - Number of alternate care sites activated or under consideration
 - Coordinate with the CDPH for licensing and certification issues
 - Staffing status/problems
 - Security status/problems
 - Transportation status/problems for evacuation
 - Equipment/supplies status/problems
 - Public information status
 - Special needs populations status/problems
 - Status of skilled nursing facilities as potential sites to receive evacuated hospital patients.

PROVIDE RESOURCES TO SUPPORT HOSPITAL EVACUATION OPERATIONS

- Contact Operational Areas and determine resource needs.
- Support Operational Area resource needs:
 - Broker provision of resources from other Operational Areas (MHOAC to RDHMC in the Medical Health Mutual Aid System); for example, availability of similar beds and resources so patients can be moved just once
 - Broker provision of resources from other regions (RDMHC to RDMC and REOC)
 - Contact private- and public-sector hospital owners/operators for resource availability (hospital beds); include CDPH licensing and certification for lifting of regulations
 - Refer resource needs to discipline-specific mutual aid coordinators (fire, law, and coroner)
 - Task state agencies to provide resources (must be approved by REOC Director)
 - Request assistance from other states and Federal assets (REOC to the JEOC and the SOC to Federal resources)
 - Track progress of resource provision and provide updates to Operations Section Chief and Logistics Section Chief.

INCIDENT ACTION PLANNING – OPTIMIZE RESPONSE OPERATIONS

- From conference calls with Health Officers, MHOACs, RDMHC, Operational Area Medical Health Branch Coordinators, the CDPH, and others, and status reports and resource requests, consider alternate approaches to solve resource shortfalls and optimize use of resources. For hospital evacuation operations, consider:
 - Whether logistical support can be brought in a timely manner to avoid evacuation
 - Requesting CAL-MATs and DMATs to assist with care during evacuation and at receiving sites
 - Requesting activation of the National Disaster Medical System
 - The need for transfer of patients to cohort similar illnesses and conditions
 - Whether patients can be sent out of the Coastal Region or out of the state
 - Requests for air ambulance transport or military medical evacuation air transportation.

Critical Action Sheet – Hospital Evacuation

ADDITIONAL INFORMATION FOR HOSPITAL EVACUATION OPERATIONS

- Hospitals may be evacuated in situations of significant damage, long-term power outage, and failure of back-up systems. Hospitals may be partially evacuated in certain mass casualty incidents or when portions of a hospital are required for isolation.
- Acute care hospitals, skilled nursing facilities, assisted living centers, and other congregate care facilities may need to be evacuated.
- The REOC may become involved when two or more hospitals require assistance to evacuate patients.
- Current hospital planning includes activation of alternate care sites for evacuation or to increase capacity. Alternate care sites are established by a hospital, with support from the Medical Health Branch of the Operational Area EOC.

Critical Action Sheet – Coordination with Medical Care Shelters

COLLECT INFORMATION/ASSESS SITUATION

- Convene a conference call when status reports indicate a need for REOC assistance.
- Gather medical care shelter status and requirements from Operational Area EOCs via phone calls and/or situation reports:
 - Number requiring medical care in each Operational Area
 - Types of medical care needed (dialysis, respiratory, elder care, supportive care)
 - Number of medical care shelters activated or under consideration
 - Coordinate with the CDPH for licensing and certification issues
 - Facility or site status and problems
 - Staffing status/problems
 - Security status/problems
 - Transportation status/problems for medical care shelters
 - Equipment/supplies status/problems
 - Public information status
 - Level of care consistency across the region.
- Gather additional information on the situation and provide to Operational Areas. Information will be obtained from the RDMHC and RDMHS in other parts of the state, from legal counsel, the CDPH, and medical and mental health subject area experts.

PROVIDE RESOURCES TO SUPPORT MEDICAL CARE SHELTERS OPERATIONS

- Support Operational Area resource needs:
 - Broker provision of resources from other Operational Areas (MHOAC to RDMHC in the Medical Health Mutual Aid System)
 - Broker provision of resources from other regions (RDMHC to RDMHC and REOC)
 - Broker resources from provider agencies: Medical Reserve Corps, Community Emergency Response Teams, DMATs, and state and Federal health care workers
 - Refer resource needs to discipline-specific mutual aid coordinators (fire, law, and coroner)
 - Task state agencies to provide resources (must be approved by REOC Director)
 - Request assistance from other states and Federal assets (REOC to the JEOC and the SOC to Federal resources)
 - Track progress of resource provision and provide updates to the Operations Section Chief and Logistics Section Chief.

SUPPORT CONSISTENT PUBLIC INFORMATION FOR MEDICAL CARE SHELTERS

- Convene a conference call with public information officers (public health department, Operational Area, or city public information officers) from affected Operational Areas to coordinate dissemination of common information.
- Correct, revise, or update information to be included in Operational Area public information messages for medical care shelter response.

Critical Action Sheet – Coordination with Medical Care Shelters

INCIDENT ACTION PLANNING – OPTIMIZE RESPONSE OPERATIONS

- From conference calls with health officers, MHOACs, RDMHC, Operational Area Medical Health Branch Coordinators, and others, and status reports and resource requests, consider alternate approaches to solve resource shortfalls and optimize use of resources. For medical care shelter operations, consider whether:
 - There is a need to transfer patients to cohort similar illnesses or conditions
 - Patients can be sent out of the Coastal Region or out of state if medical care shelter capacity is overwhelmed
 - OES Coastal Region can assist with the identification of non-traditional facilities for medical care shelters (hotels, vacant offices, and cruise ships)
 - OES Coastal Region can help obtain statewide waivers to use non-traditional/unlicensed staff for medical care shelters
 - Coastal Region can help obtain waivers of regulations that impede immediate delivery of pharmaceuticals and other necessary medical interventions
 - Additional support is required for special needs populations.

FURTHER INFORMATION FOR COORDINATION WITH MEDICAL CARE SHELTERS

- Traditional shelters that follow established procedures will not accept persons who are unable to care for themselves and require a care giver in attendance. Medical care shelters may be activated to receive evacuated patients from skilled nursing facilities or residents from an evacuation area who are cared for by family members or home health care providers, or who although not under care, now require assistance. Persons requiring medical sheltering during general evacuation may include individuals from residential care facilities. Hospitalization is not required.
- Each Operational Area/Medical Health Branch is responsible for implementing medical care shelter response. Medical care shelters are coordinated by the Care and Shelter Branch and the Medical Health Branch of the EOC. Assessment teams, including EMSA, the CDPH, OES, and local authorities, inspect buildings that are to be used as shelters.

Critical Action Sheet – Coordination with Hospital Corporate Command Centers**COLLECT INFORMATION/ASSESS SITUATION**

- The JEOC convenes a conference call of hospital corporate offices when status reports indicate a need for REOC assistance to hospitals.
- Gather status and requirements from Operational Area EOCs via phone calls or situation reports:
 - Number of hospitals needing resources or evacuating in each Operational Area
 - Number of patients and type of beds/level of care required
 - Number of alternate care sites activated or under consideration
 - Staffing status/problems
 - Security status/problems
 - Transportation status/problems for evacuation
 - Equipment/supplies status/problems
 - Public information status
 - Special needs population's status/problems.

PROVIDE RESOURCES TO SUPPORT HOSPITAL OPERATIONS

- Contact Operational Areas and determine resource needs.
- Support Operational Area resource needs:
 - Contact hospital parent corporate command centers to determine availability of outside private resources
 - Contact American Medical Response and other corporate ambulance company command centers to determine availability of outside private resources
 - Coordinate with Operational Areas to mitigate potential problems or delay in access to the disaster area by air or ground transportation arranged and managed by the parent corporation
 - Inform appropriate mutual aid coordinators about hospital parent corporate resources so that these resources can be included in the logistics plan to deliver resources to the area by airlift and ground transportation
 - Request status reports from the hospital parent corporation command center concerning the status of operations to bring outside resources in to affected hospitals.

INCIDENT ACTION PLANNING – OPTIMIZE RESPONSE OPERATIONS

- Consider whether outside, private corporate logistical support and resources (e.g., generators, medical supplies, and staff) can be brought in a timely manner to avoid evacuation of a hospital.
- Consider requesting assistance from hospital parent corporate command centers to mobilize clinical staff from outside the area to help during hospital evacuations and/or to staff for alternate care sites, field treatment sites, and mobile field hospitals.
- Consider whether patients can be sent out of the OES Coastal Region or out of state to affiliated hospitals within a regional or national corporate hospital system.



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Appendix A | RECP Medical and Health Subsidiary Plan
List of Acronyms



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Appendix A – List of Acronyms

CAL-MAT	California Disaster Medical Assistance Team
CBRNE	Chemical, Biological, Radiological, Nuclear, Explosive
CCR	California Code of Regulations
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
DMAT	Disaster Medical Assistance Team
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EOC	Emergency Operations Center
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
JEOC	Joint Emergency Operations Center
LEMSA	Local Emergency Medical Services Agency
MHOAC	Medical Health Operational Area Coordinator
MMRS	Metropolitan Medical Response System
NIMS	National Incident Management System
OES	Governor's Office of Emergency Services
OHS	Governor's Office of Homeland Security
PPE	Personal Protective Equipment
RDMHC	Regional Disaster Medical Health Coordinator
RDMHS	Regional Disaster Medical Health Specialist
RECP	Regional Emergency Coordination Plan
REOC	Regional Emergency Operations Center
RIMS	Response Information Management System
SEMS	Standardized Emergency Management System
SOC	State Operations Center
U.S.C.	United States Code





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Appendix B | RECP Medical and Health Subsidiary Plan
Regional Disaster Medical Health
Coordinator Notification
Advisory Criteria



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Appendix B – Regional Disaster Medical Health Coordinator Notification Advisory Criteria

The Regional Disaster Medical Health Coordinator (RDMHC) Medical Health Notification Advisory is an alert that signifies that an incident has occurred, or conditions exist, that may tax the medical/health resources of the affected Operational Area. Medical Health Operational Area Coordinators (MHOACs) are responsible for contacting the RDHMC when an emergency or disaster has occurred or when an imminent threat is identified. Examples of conditions warranting notification of the RDMHC may include:

- Sustained power outage affecting the majority of hospitals
- Staffing shortage significantly affecting the number of available hospitals beds
- Diversion of ambulances from the majority of hospitals
- Planned event with potential for major impact on medical/health resources (e.g., number of people plus weather conditions and/or plus in-county resource response availability)
- Evacuation(s) or anticipated evacuation of an in-patient resource (e.g., skilled nursing facility, hospital)
- Declaration of local emergency
- Activation of Operational Area Emergency Operations Center
- Activation of an Operational Area Medical and Health Department Operations Center
- Hospital activating internal and/or external emergency plans
- Any other situation that threatens to overwhelm the local medical/health resources.





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Appendix C | RECP Medical and Health Subsidiary Plan
REOC Medical Health Branch
Director Checklist



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Appendix C – REOC Medical Health Branch Director Checklist

This Appendix provides a checklist for use by the Regional Emergency Operations Center (REOC) Medical Health Branch Director. The REOC medical and health function is responsible for coordinating resources within the region, prioritizing resources, distributing resources, and monitoring regionwide medical and health status. The REOC Medical and Health function is comprised of representatives of two state agencies – Emergency Medical Services Authority (EMSA), representing medical, and the California Department of Public Health (CDPH), representing health (i.e., public health). These agencies work closely together to fulfill the tasks of the REOC medical and health function and may serve as the REOC Medical Health Branch Director.

In many situations, the State Operations Center (SOC) activation of the Operations Section may be minimal and the role of the medical health function will be focused on monitoring statewide medical and health status and resources at the REOC.

Reports to: REOC (Deputy) Operations Section Chief

Supervises: Medical & Health Assistants

Coordinates with State, Private, and federal agencies, as follows.

State

California Department of Health Services
Emergency Medical Services Authority
California Department of Social Services
California Department of Mental Health
California National Guard
California Highway Patrol
California Occupational Safety and Health Administration
California Department of Forestry and Fire Protection
California Environmental Protection Agency

Private

California Healthcare Association
California Ambulance Association
Emergency Medical Services Administrators Association of California
American Red Cross
Salvation Army

Federal

Department of Health and Human Services

Centers for Disease Control and Prevention
Office of the Assistant Secretary for Public Health and Emergency Preparedness
National Disaster Medical System





Department of Veterans Affairs
ESF #8 Public Health and Medical Services

REOC MEDICAL HEALTH RESPONSIBILITIES

Activation Phase

- Report to the REOC (Deputy) Operations Section Chief.
- Begin a Medical Health Branch Director Duty Log.

Operational Phase

- Establish and maintain communications with the SOC Medical Health Branch Coordinator.
- Coordinate the medical and health resources of the private and public sectors, and state and Federal resources among regions.
- Monitor and track all medical and health resources from initial assignment to release.
- Assist in obtaining federal resources as needed following the request for federal resources protocol.
- Ensure all tasked medical and health resources are performing the tasks assigned.
- Coordinate the mobilization and transportation of Disaster Medical Assistance Teams within the region.
- Coordinate the mobilization of the Disaster Mortuary Operational Response Teams with the REOC Coroner Unit and/or Law Enforcement Branch.
- Establish and maintain a tracking system of injured persons who are moved from state-operated regional evacuation points to medical treatment facilities in unaffected areas of the region.
- Establish contact and coordinate with necessary state and federal agencies.
- Evaluate and prioritize medical and health request from regions based on criteria established by the Operations Section Chief and determine appropriate response recommendations.
- Obtain medical and health personnel, supplies, and equipment through established mutual aid procedures.
- Monitor medical and health resource availability.
- Report information about medical and health concerns, events, and occurrences to the REOC Director.
- Notify the REOC (Deputy) Operations Section Chief about any request to alter a mission.

- Coordinate with Federal ESF #8–Public Health and Medical Services.
- Brief the REOC (Deputy) Operations Section Chief, as needed.

Demobilization Phase

- Notify the SOC and state, and Federal counterpart agencies that the REOC Medical Health Branch is demobilizing and whom they should contact for future coordination.
- Turn in final reports to the REOC (Deputy) Operations Section Chief.
- Complete and turn in any outstanding time sheets and travel claims.
- Closeout and turn in logs and documentation to the REOC Documentation Unit.
- Ensure section area is cleaned.
- Transfer outstanding projects to appropriate full time staff or appropriate Joint Field Office staff.
- Turn in the completed exit survey to REOC Personnel Unit.
- Turn in checkout equipment is returned to the appropriate Unit.
- Check out at the REOC check-in area.
- Participate in the after action process.

Applicable Procedures

REOC Activation (REOC 01)

REOC Medical Health Branch Director





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Appendix D | RECP Medical and Health Subsidiary Plan
REOC Medical Health Branch Director
Conference Call Procedures
and Roll Call Sheet



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Appendix D – REOC Medical Health Branch Director Conference Call Procedures and Roll Call Sheet

This appendix pertains to conference calls convened by the regional emergency operations Center (REOC) Director, Operations Section Chief, Medical Health Branch Director, and Regional Disaster Medical Health Coordinator (RDMHC).

CONFERENCE CALL PROCEDURES

Two types of conference calls may be convened or combined:

- Problem identification and resolution
- Priority and objective identification and implementation.

The following standard procedure is used.

- The conference call convener (REOC Director, Operations Section Chief, Medical Health Branch Director, or RDMHC) determines participants and announces the conference call by email, website, telephone, California Health Alert Network, radio, and pager.
- The conference call convener distributes the time, access phone number, access password, and call agenda using the same mechanisms.
- The conference call convener assigns a staff member to document the call, which may be recorded if participants are informed that the call is being recorded; the REOC Planning Section Chief may be asked to provide staffing to document the conference call.
- A roll call of participants is conducted at the start of the call.
- Ground rules for the conference call are established.

PROBLEM IDENTIFICATION AND RESOLUTION CONFERENCE CALL FORMAT

The following discussion format is followed to address topics and problems to be solved during the call:

- Announce the conference call topic/problem to be solved
- Roll call status on this topic (only) from all participants
- Assess situation/needs as well as anticipated future issues
- Assess resources available
- Consider options
- Determine an action plan and action steps





- Discuss resource allocation with RDMHC and Medical Health Operational Area Coordinators (MHOACs).
- Assign preparation of Incident Action Plan input
- Assign preparation of Mission Tasking Forms, where appropriate
- Announce time and topic of next conference call.

PRIORITY/OBJECTIVE IDENTIFICATION AND IMPLEMENTATION

The following discussion format is followed to address how a priority or objective identified on the Incident Action Plan will be implemented:

- Announce the priority/objective to be discussed
- Roll call status on this priority/objective from all participants
- Assess resources available
- Consider options
- Determine an action plan and action steps
- Instruct RDMHC and MHOACs on resource allocation
- Assign preparation of Incident Action Plan input
- Assign preparation of mission tasking forms, as appropriate
- Announce time and topic of next conference call.

REOC MEDICAL HEALTH BRANCH DIRECTOR

Conference Call Roll Call

Ensure all parties have been provided with the conference call dial-in number and any pass codes required. Begin the conference call with a roll call to document participants. MHOAC participation is usual, with other agencies added depending upon agenda items. Set the time of the next conference call at the end of the roll call or at the end of the discussion.

Date:

Time:

Representing	Name	Present <input type="checkbox"/>	Follow-up/Assignments
REOC Health Medical Branch			
RDMHC or designee			
Operational Areas			
Alameda County MHOAC or designee			
Alameda County Operational Area EOC			
Contra Costa County MHOAC or designee			
Contra Costa County Operational Area EOC			
Marin County MHOAC or designee			
Marin County Operational Area EOC			
Napa County MHOAC or designee			
Napa County Operational Area EOC			
San Francisco MHOAC or designee			
San Francisco Operational Area EOC			
San Mateo County MHOAC or designee			
San Mateo County Operational Area EOC			
Santa Clara County MHOAC or designee			
Santa Clara County Operational Area EOC			
Santa Cruz County MHOAC or designee			
Santa Cruz County Operational Area EOC			
Solano County MHOAC or designee			
Solano County Operational Area EOC			
Sonoma County MHOAC or designee			
Sonoma County Operational Area EOC			
State Agencies			
Emergency Medical Services Authority			
California Department of Public Health			
Law Enforcement Branch/Mutual Aid Coordinator			
Fire and Rescue Branch/Mutual Aid Coordinator			
REOC/SOC Hazardous Materials Unit			

Representing	Name	Present <input type="checkbox"/>	Follow-up/Assignments
REOC/SOC Care and Shelter Branch			
Federal Agencies			
Emergency Support Function #8			
U.S. Public Health Service			
Centers for Disease Control			
Disaster Medical Assistance Team			
National Disaster Medical System			

